

**School of Integrated Health  
University of Westminster**

**Implementing Clinical Supervision for Complementary  
Therapy Clinical Tutors: An evaluation  
February 2003**

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## BACKGROUND AND INTRODUCTION

The School of Integrated Health at Westminster University provides a range of Complementary Therapy degrees, known collectively as the BSc Health Sciences Scheme. Students are educated in acupuncture, homoeopathy, herbal medicine, nutritional medicine and therapeutic bodywork using a multi-professional collaborative approach. The core themes that all students study collaboratively are health sciences, practitioner development based upon reflective practice, and a research module. Therapy specific modules provide students with their practice knowledge and skills. These are then developed through supervised practice in the University Polyclinic.

The polyclinic was established in 1997 and is the largest multi-professional complementary clinic integrated within a higher education setting in the UK. Patients pay a reduced fee to receive therapy from a student who is supervised by a clinic tutor. Clinic tutors are all qualified practitioners, but not necessarily qualified teachers. They play a vital role in the integration of theory and practice through the use of reflective practice. Within the clinic there are examples of excellence in clinical practice and student supervision. However there is currently no framework for reflective practice and clinical supervision for tutors. As a result there is very little time to share good practice and explore issues that arise in the clinic.

One of the course aims for the complementary therapy degrees at the University of Westminster is to produce reflective practitioners. In order to achieve this, reflective practice is taught formally, and integrated into practice throughout the three years of degrees. However no such opportunity for reflective practice exists for clinic tutors. The University of Westminster received funding from LTSN (Centre for Health Sciences and Practice Grant) in 2002 to explore the ways in which the School of Integrated Health could address this anomaly.

Multidisciplinary clinical supervision was introduced (as a pilot study) for the clinic tutors as a means of sharing, supporting and learning from each other. The focus of the supervision is the therapeutic relationships, the learning environment and interdisciplinary collaboration, rather than specific treatment options. This pilot study was evaluated using a qualitative methodology and data questionnaires, telephone interviews and focus groups.

## **AIMS AND OBJECTIVES OF THE STUDY**

The overall aim of the project was to implement and evaluate a framework for clinical supervision within a complementary therapy setting. The aims of the clinical supervision process were to:

- To provide a safe place to reflect upon issues which arise from teaching in the Polyclinic
- To facilitate interdisciplinary learning and promote excellence in healthcare
- To support clinical tutors to develop both personally and professionally
- To safeguard standards of practice

- To develop congruence between theory and practice by mirroring what students are doing in their Health and Society course
- To develop the reflective skills of the clinical tutors
- To model reflective learning, one of the core aims of the undergraduate scheme

Five clinical supervision sessions were established for the clinic tutors working within the Polyclinic at the School of Integrated Health. Each group was led by a 'supervisor' and comprised of between 4 and 7 clinical tutors teaching on the different pathways on the complementary therapy BSc programme. Each session lasted for two-hours, was held every five weeks and ran for a period of one year, starting in January 2002.

### **Objectives of evaluation**

The objectives of the evaluation were:

- To establish a baseline understanding of clinical supervision amongst the clinic tutors
- To evaluate the process of clinical supervision during the pilot phase from the perspective of participants
- To evaluate the process of clinical supervision during the pilot phase from the perspective of the supervisors
- To note observations especially in relation to future clinical supervision strategy within the context of the School of Integrated Health.

## **METHODOLOGY**

### **Questionnaire Survey**

An evaluation of the clinical supervision sessions commenced with an initial questionnaire survey (Appendix 1). This survey of the clinic tutors was conducted to provide a basic level of knowledge and understanding of the term 'clinical supervision'. The open-ended questions generated a baseline for the focus group topic guide to facilitate discussions. One distinct benefit of this was to ensure that the focus group guide raised issues of significance to the participants and not just the perceptions of the consultants independently commissioned to carry out the research.

The questionnaires were handed to clinical supervisors and clinic tutors<sup>1</sup> for completion at the start of a seminar designed to introduce them to the concepts of clinical supervision and the process by which it would be introduced (January 2002). Clinical tutors not attending the seminar who were also invited to participate in the clinical supervision project were sent a questionnaire by post.

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<sup>1</sup> 'Clinical Supervisors' are the members of staff who facilitated the clinical supervision groups  
'Clinical Tutors' are the members of staff who teach (in the Polyclinic) on the complementary therapies undergraduate programme. All are also currently in practice as complementary therapy practitioners.

## Focus Groups

The evaluation of the clinical supervision sessions commenced during the first week of the clinical supervision sessions (March 2002). Two of the five supervision groups were randomly selected for evaluation and participants were invited to attend the focus groups. The focus groups were conducted after a 30-minute refreshment break following their clinical supervision session. The 'clinical supervisor' for each group was excluded from the focus group to facilitate unrestricted and open discussion. Two experienced facilitators<sup>2</sup>, one primary facilitator and one observer conducted each focus group using a topic guide (Appendix 2). Audio tape recordings of the discussions were obtained and transcribed verbatim. The facilitator at the outset of each discussion raised issues of confidentiality and anonymity and participant's right to withdraw at any time was made explicit. Participants were also informed that the facilitators were not employed by the University and were involved in the study on a free-lance basis therefore were acting in an independent and unbiased manner.

In November 2002 a focus group was conducted amongst the clinical supervisors in order to assess their experience and perceptions of the implementation of the clinical supervision (Appendix 3). This focus group was facilitated by the School of Integrated Health Research Director who co-ordinated the evaluation. The group was audio-taped and transcribed verbatim.

## Interviews

Six telephone interviews were undertaken amongst a random sample of clinic tutors who did not take part in the focus group evaluation. Some of these had participated in the clinical supervision sessions, and some had not (but they had been invited to participate). The interviews were conducted using an interview guide (Appendix 4). Two respondents claimed not to have had prior knowledge about the clinical supervision project but were able to respond to the questions nonetheless.

## Data Analysis

### *Questionnaires*

A thematic content analysis was conducted in order to distil key themes from the open-ended questions. These were summarised in table format and used as questions/prompts in the focus group topic guide.

### *Focus Groups*

The transcripts from each group were analysed using a systematic thematic framework. Members of the research independently analysed the first focus group and, in discussion, drew up the coding framework. The free text of all the focus group transcriptions was analysed and assigned to a particular theme. For the purposes of this stage of the analysis and to assist with the grouping of these themes, each main theme was assigned a unique colour and the font colour in the free text was matched accordingly. From one of the focus groups conducted, some examples of the statements made are demonstrated below (p = page number; L = line number):

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<sup>2</sup> 'Focus Group Facilitators' are the researchers who guided the research focus groups in the evaluation of the project.

Colour code green: Definition (Expectations) (Anxiety)

*“I thought of it as support for the practitioners while clinical supervisors, a place where you can be able to come up with difficulties and be able to talk about them, and also a place that you – you can encourage and share good practice”. (P1, L5)*

Colour code blue: Reflection

*“Oh, it is for me – I don’t know – I’m sure every part of our practice does really, doesn’t it? Every part, you know, of being in the clinic contributes to that, because you have to reflect on everything you do, and it made me think that perhaps this was a slightly false situation, do we actually need something like this, to do what we probably do on our own, or in little groups, you know – it’s – it’s something that you do day by day, I suppose – to lay it all out on a plate, as we’re doing here, may – may be useful”. (P4, L13)*

Colour code purple: Learning from shared experiences

*“Yeah – and it’s also good to talk to each other about what we do – and seeing that there are great similarities in what we do, and also noting what the differences are probably because of the different pathway needs, rather than how we practice”. (P1, L40)*

#### *Interviews*

Themes were noted during the telephone interview and presented in tables using quotes to illustrate the theme.

## FINDINGS

The findings of the clinical supervision process are drawn from the strands of the evaluation process:

1. A baseline survey of participants understanding of clinical supervision.
2. A number of focus groups which evaluated the Clinical supervision process at planned intervals using 2 clinical supervision groups as the (randomly selected) sample (known as Group A and Group B), in order to obtain participant views.
3. A focus group of the clinical supervisors at month 9 of the 12-month pilot-project.
4. Additional telephone survey of those clinical tutors who were invited, but did not attend the evaluation focus groups.

### Survey Results

The questionnaire was circulated to a total of 36 clinic tutors. Thirty-six responses were received, representing **100% response rate**. The questionnaire focussed upon 3 key aspects of clinical supervision including:

- Understanding of clinical supervision & its primary aims
- Views on the positive aspects of clinical supervision
- Views on the negative aspects of clinical supervision

Table 1 presents a summary of the main concepts raised in this survey under the headings identified above.

Table 1. Summary of main concepts

<b>Definition &amp; primary aims</b>
• <i>Clinical supervision - acting as a source of educational support &amp; development</i>
• <i>Clinical supervision - as a facilitator of good clinical practice &amp; quality assurance</i>
• <i>Clinical supervision - as a vehicle for reflective learning</i>
• <i>Clinical supervision - as a form of peer support</i>
• <i>Clinical supervision - as a form of personal &amp; professional support</i>
• <i>Clinical supervision - enhancing patient relationships</i>
<b>Perception of positive factors</b>
• <i>Former &amp; existing experiences of clinical supervision as a positive factor</i>
• <i>Observing successful student development</i>
• <i>Clinical supervision - providing a vital form of support</i>
<b>Perception of negative factors</b>
• <i>Fear that lack of time will hinder process</i>
• <i>Fear of exposing inadequacies &amp; vulnerability</i>
• <i>Fear that facilitators of process may not be skilled enough</i>
• <i>Fear that not everybody will commit to process thereby undermining it</i>

Each of the concepts summarised above is presented in greater detail in appendix 5, including quotes from the returned questionnaires.

### ***Key findings from the baseline survey***

In the survey the question about definition generated the highest volume of data. Other topics such as the ethical dimension of supervision appeared but with much less frequency. Participants also noted that clinical supervision presented a challenge to all involved.

Overall the majority of respondents saw clinical supervision as a means of contributing to the development of good practice, and being useful for quality assurance purposes. Reflective learning also features as a valuable spin off from the supervision process. On the whole participants appear to value the process, but are also conscious that this experimental way of working represents a cultural shift in how things are done.

There is positive commentary to show that people value clinical supervision for its supportive and learning framework. There is also a strong sense of satisfaction associated with the outcomes of effective clinical supervision in so much as students develop and grow both in knowledge and confidence. Clearly this is seen as leading to more effective practices in the clinic.

Participants speak of clinical supervision as a safe place to discuss problems without being judged, and suggest it can facilitate a general reduction in isolated working practises. The majority of the data in this section referred to various aspects of support in the clinic setting.

There also appears to be a relationship between the quality of former supervision experiences and the way in which participants view the existing pilot process.

Perhaps not surprisingly the comments about the negative aspects of supervision provide an antithesis to those expressed in the positive feedback section. However it is interesting to note that responses to this question produced the least volume of data.

Participants refer to lack of time as a potential barrier to participation. Many also mention that the process may expose their “weaknesses”, and that this may undermine them in the clinical teaching setting. A few participants also expressed the importance of having highly skilled clinical supervision facilitators.

Another concern was that having embarked upon the process of clinical supervision in this pilot study, it may lead to nothing and could be compounded by a lack of commitment from others.

### **Focus Group results**

For the purpose of the evaluation *Focus Group A* met at 3 points during the 12-month pilot. *Group B* (the clinical tutors) met on one occasion, on the second occasion only one group member was present so an interview was conducted with this participant. *Group C*, the clinical supervisors, met once, at month 9 of the project. The findings from this group are presented separately as the themes generated by this group were different from those of the clinical tutors.

The following section provides a summary of the key findings that arose from the thematic data analysis.

### *Focus Group A*

At each of the focus group sessions Group A was unanimous in support for the statement “On balance clinical supervision is a good thing and I am committed to it”. Participants in this group also demonstrated that the commitment strengthened and deepened over the period of the 12-month project.

Group members’ early misgivings about the ‘challenging’ and possibly ‘exposing’ character of the process have been allayed by the clinical supervision experience. By the final meeting, members of the group had come to regard clinical supervision as an essential and necessary component of work at the Polyclinic.

The group saw the role of clinical supervision as two-fold. (1) To support clinic tutors through provision of a forum in which concerns, fears and problems could be aired. (2) To challenge clinic tutors by requiring them to reflect critically on their professional practice with students and patients. The group stressed that this latter function could only be achieved in the context of a supportive environment and this is what this clinical supervision forum is facilitating. Fear and insecurities about exposing themselves were gradually being set aside in a group that was increasingly experienced as supportive both on a professional and on a personal level. In fact some respondents had come to feel that the clinical supervision sessions could perhaps be more challenging.

When asked how this experience impacted on their dealings with students and patients, they generally felt that things were still at a relatively early stage, but they were sure that there could only be positive effects. As clinic tutors reflected more critically on their own practice, this would be passed on to their students, and ultimately patients would also benefit. In connection with this, the benefits of interdisciplinary working were clearly now recognised and members of the group were beginning to shift their outlook in this direction. Again, however, they recognised that this was at a relatively early stage, and that the full fruits of this process were some way off.

The group was confident that more self-reflective clinic tutors would help create a similar capacity in students and therefore a better service for patients. There was an assertion that this ability to reflect was exactly what clinical supervision fostered, and that this facilitated empowerment which could be passed on to the benefit of both students and patients. The group was emphatic that if reflective learning was required

in the professional development of students, then it must also be a requirement for clinical tutors.

Participants felt that as the group developed, its members were coming to see themselves less as a diverse group of practitioners and more as a group of tutors with shared concerns and interests in the support and development of students. As such, this forum was seen to be an important mechanism of interdisciplinary work and reflection, through which members were developing greater understanding of and a more positive attitude towards other therapies. Whilst again this was seen to be at a relatively early stage, it was felt that benefits were already being seen in their increasing readiness to cross-refer, and that this was likely to increase in the future, should these clinical supervision groups continue.

Overall the commitment of this group to clinical supervision has increased significantly as the process has unfolded. They report that the benefits of clinical supervision are already beginning to be felt, but that the full impact of it remains some way off. In connection with this, they were emphatic about the need to continue with the process of clinical supervision, and that it should continue on the basis of interdisciplinary groups. They were however concerned that some more thought should go into the dynamics of the group. They found role playing sessions of value, but felt that there could be further variation in the way sessions were organised. It was suggested that rather than groups always meeting as a whole, work could also be done in triads, which would release more energy and encourage quieter members to more fully participate.

There was also concern expressed that there should be a more rigorous process of 'tracking' the effects of group work, so that action, following group reflection, would be subject to review. This could possibly be carried out in conjunction with the reflective diaries.

### *Focus Group B*

Participants in this group were more ambivalent about the process than those who commented elsewhere. Examples of the benefits of clinical supervision were often hampered by this ambivalence. For instance one participant speaks of “being committed to it if its decided to go ahead with it (as a group)”, but “left to me personally I don’t feel it would be important whether I do it or not”. This may in part be due to the belief within this group that appropriate support is already in place from peers and thus the need for clinical supervision was therefore less important. Attendance at focus group sessions within this group was also poor.

Participants spoke about their early experiences of the supervision project presenting mixed responses. The potential for a multi-disciplinary forum for the sharing of issues and problems that might not otherwise be aired was perceived as positive. However, there was also some concern expressed about how this process would mean another burden in the context of an already full professional schedule, and it was suggested that it was somehow indulgent in terms of the bigger picture of demands on their time. It appears that, to some extent, taking part in the clinical supervision groups has been done because they clinic tutors thought it was required of them, but left to individual choice participation was not such a priority for them.

However they also mentioned that the process was already beginning to allow participants to think outside their own disciplinary boundaries and the case history approach was regarded as particularly helpful. They spoke of the benefits of learning more about colleagues from different pathways.

Participants generally anticipated that the process would both help their practice as clinician/educators and promote integrated practices. Most felt that they were already undergoing reflective practices but that their own reflective practice might be enhanced. There might also be a trickle down effect to students on the degree courses.

The process was seen as providing personal support and a forum for sharing of problems and issues with practitioners from other disciplines. Communication was seen as having the potential to provide them with confidence in their practice and clinical decision making by encouraging reflective practice.

A few participants started to explore the forms supervision can take, stressing the need for relevance to their own circumstances. In relation to this mention was made of the need for discipline specific supervision and the participants varied in their views to the extent to which this was in place.

The process was seen as especially valuable to clinical tutors with little or no training as educators, suggesting that the clinical supervision environment can provide a unique strand of learning.

Participants stressed the vibrancy of their disciplines, the need to qualify people in them and the need to keep abreast of new developments specific to them. In relation to this they stressed the need for their own discipline specific clinical supervision. However they also stressed the importance of interdisciplinary awareness.

Participants also mentioned the importance of striking an appropriate balance between their responsibilities to patients and students, and that demands upon their time within full professional schedules can compromise their ability to achieve this balance.

Reference to patients included mention of the broad mix of presenting problems and the fact that many are long term users of the services. Referrals are through a number of routes. In particular respondents mentioned ex-patients recommending the clinic, university contacts or recommendations by family or friends. One participant mentioned the occasional referral from GPs and some came because they cannot afford private practice. Some also came as referrals from other disciplines.

There is recognition that whilst the polyclinic is committed to multi-disciplinary working and education for its students they have no control over what conditions patients present with. This may detract from the student experience of multi-disciplinary work.

In terms of suggestions for change, one participant favoured experimentation, for example groups meetings less frequently, imposing a tighter framework for issues that come up.

The following themes were generated during the data analysis process: experience of process; definitions; empowerment; education of students; reflection; learning from shared experiences; interprofessional; clinical practice and interventions; role conflict; role of management; 'our group's alright'; the setting for supervision; patient issues; commitment. Examples from the clinic tutor focus groups are provided in Appendix 6.

### *Focus Group C: Clinical Supervisors*

The five clinical supervisors attended this focus group, however one of the participants was late due to the rescheduling of the group. The following themes were derived from the data analysis of the focus group transcript:

- **Setting up clinical supervision and attendance:** This theme centred around how the clinical supervision project was established, including project constraints, and discussion about how the project may have been implemented differently.
- **Sub-groups regarding value/purpose of clinical supervision:** There was a lot of discussion about the extent to which the clinical tutors were actively engaged in the process of supervision, reflected by differing levels of attendance and commitment.
- **Issues of membership:** This ties in with the theme above, but more specifically relates to how the mix of the group can affect its functioning. For example where senior and more junior members of a pathway are in the same clinical supervision group. Issues were also raised about the level of engagement of specific pathway(s) in the clinical supervision process.
- **Sharing different perspectives:** A theme also found in the other focus groups (learning from shared experiences). This emphasised how staff working on the different pathways worked in different ways, but could learn from each other's practices.
- **Non-clinic issues:** The discussion here was the extent to which issues brought to the clinical supervision sessions were entirely related to clinic work. Clearly some of the clinical supervision sessions had included discussions relating to personal or private practice matters.
- **The need for theory input for clinic tutors:** The clinical supervisors felt that in the absence of theoretical input, some participants were struggling with concepts and approaches to clinical supervision. There was extensive discussion about the relevance of theory to practice, and the appropriate time for the introduction of the theory - possibly prior clinical tutors attending the supervision sessions.
- **Surveillance:** There was concern about what could only be describe as (and indeed was stated as) 'surveillance'. Where important information about a student or safety may have arisen in the clinical supervision session, this led to tension for clinical supervisors - should they hang on to the information or take it somewhere? In fact the tendency was to take it to their own supervision group, but their was also the question of dealing with it within the clinic / education context.
- **The setting for supervision:** The physical environment in which the clinical supervision sessions were held was not thought to be conducive for the process to be appropriately facilitated.
- **Consequences of not continuing:** This was a question asked by the focus group facilitator. The overwhelming view was that the clinical supervision for clinic tutors had to continue. The disparity between what the undergraduate students are taught, and what the clinic tutors experience (and practice) could not continue. However the organisation of the clinical supervision sessions, and attendance requirements could be changed.

Each of the themes is presented in appendix 7, together with quotes from the focus group participants.

## Telephone Interviews

Six additional interviews were undertaken amongst those who did not take part in the focus group discussions. Two respondents claimed not to have had prior knowledge about the supervision project but managed to respond to the questions nonetheless.

The respondents were unanimous in the view that clinical supervision is important. For those who did take part in the clinical supervision process they reported a number of things which are similar to issues arising in the focus group study. These included:

- difficulty in finding time to attend
- benefits in sharing issues with a reference group
- how the process enables reflection and can lead to improved working practices
- respondents in these interviews noted less obvious benefits for inter-disciplinary learning
- all agreed that some form of clinical supervision is necessary but this is qualified by comments elsewhere that if supervision becomes a regular feature of their work then it will require some further experimentation in the detail and format.

Details are provided in appendix 8

## RECOMMENDATIONS AND CONCLUSIONS

As complementary therapies become more regulated<sup>3</sup> there will be a requirement for continuing professional development (CPD). The osteopathic example suggests that participation in reflective practice and portfolio development will be a key factor in CPD. The findings of this study suggest that clinical supervision can be a challenging but positive experience for complementary practitioners working in an educational setting.

### Uni-disciplinary or multi-disciplinary?

There is evidence to show that participants especially valued being able to collaborate and share experience across the different pathways. This brought some tangible meaning to the notion of 'integrated health'. The majority of participants describe a growth in knowledge across the various pathways attributable to the clinical supervision sessions. However there were some voices asserting a preference for pathway-specific clinical supervision. The clinical supervisors all had a clear preference for a multi-disciplinary approach.

**Action:** the benefits or otherwise of multi-professional clinical supervision groups requires further discussion. However the recommendation supports the continuity of mixed-pathway groups.

### Issues of membership

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<sup>3</sup> HL Paper 123. *House of Lords Select Committee on Science and Technology. Session 1999-2000, 6<sup>th</sup> Report, Complementary and Alternative Medicine.* Her Majesty's Stationary Office, London.

The mix of the groups in terms of junior and senior participants in the same groups may have compromised some of the discussion.

**Action:** The clinical supervisory team will review group membership and take account of the findings from this study.

### **Supportive / learning framework**

There is strong evidence that the clinical supervision groups offered a supportive learning framework for the clinic tutors, and that this was likely to impact on work with students and patients in a positive way. Reflection is a key philosophy within the school and this is evidenced by the fact that the majority of participants felt that the pilot project enhanced this technique as general good practice.

**Action:** To present to the School Senior Management Team a plan to continue the clinical supervision sessions, together with the associated costs that this would incur. To gain agreement from the School Senior Management Team to continue the clinical supervision sessions for all relevant staff.

### **Time management and prioritising**

Lack of time featured quite strongly for participants as a potential barrier to the process.

**Action:** The clinical supervision 'supervisory' group will explore how the groups can function more efficiently.

### **Voluntary or mandatory?**

Some participants were more enthusiastic about clinical supervision than others. There were clear pathway differences in support for and participation in the process. This also relates to the tension inherent in teaching reflective practice and clinical supervision to students when clinical tutors are themselves not engaged in the clinical supervision process. The importance of 'role modelling' the student experience was mentioned a number of times. Add to this the need for practitioners to engage in continuing professional development (and the 'reflective' focus of the School), and there may be a strong argument in support of mandatory involvement in clinical supervision (through the School or other mechanism) for all relevant staff.

**Action:** To debate the continuity of clinical supervision and make a decision about it as a voluntary or mandatory requirement.

### **Training and theoretical input**

Preparedness for the clinical supervision experience and associated theoretical input requires further discussion.

**Action:** The 'supervisory' team will discuss how clinical tutors can gain appropriate theoretical knowledge to underpin the process (also see below).

The 'supervisory' team will consider (and explore with others) how involvement in clinical supervision and the associated training / theoretical input can contribute to Continuing Professional Development and / or a credited award.

### **Further work**

The relationship of clinical supervision to the experience of the student and the patient is difficult to assess. Some of the findings seem to suggest that involvement in clinical supervision enhances teaching, and that this ultimately impacts on the patient. However it was not possible to measure that in the context of this study. Further work could be done in this area if the clinical supervision continues and if research funds are available to support this.

The process and findings of this evaluation are to be presented at a conference on reflective practice in June. At least one paper will be submitted for publication in a peer-reviewed journal.

## APPENDIX 1

### The baseline questionnaire questions

- *What is your understanding of clinical supervision & its primary aims?*
- *What are your views on the positive aspects of clinical supervision?*
- *What are your views on the negative aspects of clinical supervision?*

## APPENDIX 2

### COPY OF FOCUS GROUP GUIDE

What is your understanding of clinical supervision?

Tell me about your experiences of clinical supervision so far?

Do these experiences match your expectations?

Does clinical supervision facilitate reflective learning?

How do you think clinical supervision may influence your work with students?

Do you think that the process of clinical supervision can facilitate effective interdisciplinary learning?

Can the process of clinical supervision be improved?

Is there anything else you want to add?

Finally I would like a show of hands re choice of one of the following statements.

- On balance clinical supervision is a good thing and I am committed to it
- I remain uncertain about the value of clinical supervision & cannot commit myself

## **APPENDIX 3**

### **Focus Group Topic Guide (Group C - clinical supervisors)**

#### **Welcome**

We are now half-way through the clinical supervision project. The evaluation team have conducted a number of focus groups with staff who are participating in the clinical supervision groups. The intention of these focus groups is to evaluate the process and outcomes of this project - not to provide additional 'supervision' groups. The facilitators of the clinical supervision groups - you, have not been included in the focus groups, as this may have inhibited discussion about the project.

This focus group provides you with an opportunity to talk about and discuss how the project is going so far. We will have another focus group like this at the end of the project.

In order to make sure that I capture all the relevant points of discussion I need to audio-tape this session. The tape will be transcribed and analysed and all the data will be treated anonymously. No one will be identified individually, although as part of the data analysis I will use some of the quotes from the discussion.

Are you all in agreement for me to tape the session?

#### **First I would like to know about your perceptions and experiences for the clinical supervision project.**

1. So to begin with - how do you feel the clinical supervision project is going so far?  
How do you find the groups are working?  
What about attendance? Is this consistent or a problem?
2. How are you finding your own roles as 'clinical supervisor'?  
Is it proving to be challenging? - In what way?
3. Do you think that this project has been useful so far? In what ways?
4. Have you noticed any particular problems or difficulties so far?

**Now I would like to concentrate on any benefits you think the clinical supervision process is having for participants:** Can you give examples of any benefits?

**Now I would like to concentrate on any difficulties you think the clinical supervision process is having for participants:**

**Finally - is there anything else you would like to add about the clinical supervision project or clinical supervision in general?**

**Thank you for your participation in this group discussion**

#### APPENDIX 4:

##### Interview questions for those not participating in focus groups.

- *Are you in receipt of clinical supervision?*
- *Do you provide clinical supervision to others?*
- (state capacity)
- What are your views about clinical supervision in relation to the recent “experiment” within School of Integrated Health ?
- If you do not participate in the clinical supervision process please state your reasons
- What might be the drawbacks of clinical supervision?
- What might be the benefits of clinical supervision?
- Can clinical supervision enhance any of the following ? (How)
  - reflective learning
  - standards of practice
  - effective interdisciplinary learning
- Is some form of clinical supervision necessary?
- Which of the following 2 statements do you most agree with?
  - “On balance clinical supervision is a good thing and I am committed to it”*
  - “I am uncertain about the value of clinical supervision & cannot commit myself to it”*
- Use this space for additional comments.

## Appendix 5

### Survey Results:

#### Understanding of clinical supervision & its primary aims

Table 1.1

Clinical supervision acting as a source of educational support & development	<p><i>“ the role of clinical supervision as I see it is to support the practitioner/student in clinical and personal aspects of their work”</i></p> <p><i>“ clinical supervision is there to offer support, advice, sympathy, professional direction, to gain input from other therapies &amp; benefit from the experience of others”</i></p> <p><i>“it provides a forum for discussion of clinical issues and experiences”</i></p>
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Table 1.2

Clinical supervision as a facilitator of good clinical practice & addressing quality assurance issues	<p><i>“for me clinical supervision is there to encourages good practice &amp; bring out the best in students”</i></p> <p><i>“to facilitate reflection &amp; ensure best practice is shared”</i></p> <p><i>“I suppose one of the benefits must be to provide quality assurance for the clinic”</i></p>
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Table 1.3

Clinical supervision as a vehicle for reflective learning to enhance working practices	<p><i>“it engenders reflective practice with the student and supervisor”</i></p> <p><i>“it facilitates reflection which reveals the emotional &amp; thought processes of the practitioner at work”</i></p> <p><i>“to improve the practitioner &amp; supervisor through self reflection, guidance &amp; problem sharing within a small group”</i></p>
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Table 1.4

<p>Clinical supervision as a form of practitioner &amp; peer support</p>	<p><i>“looking over one’s work systematically with peers or nominated individuals”</i></p> <p><i>“peer assisted reflection on clinical experiences...and to facilitate reflection &amp; develop the quality of clinical encounters”</i></p> <p><i>“peer supervision-to observe, gain feedback &amp; self awareness &amp; help others do the same”</i></p> <p><i>“where supervisors can discuss difficult cases and issues...to offer support, professional direction &amp; benefit from the experience of others”</i></p>
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Table 1.5

<p>Clinical supervision as a form of personal &amp; professional growth/experience</p>	<p><i>“to support the practitioner/tutor/student in clinical &amp; personal aspects of work”</i></p> <p><i>“to be watched &amp; followed with a discussion about your techniques &amp; aims, &amp; how to develop &amp; improve yourself”</i></p> <p><i>“a forum to express my needs, check my assumptions, be listened to &amp; challenged &amp; learn new perspectives”</i></p> <p><i>“a place for deep learning”</i></p>
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Table 1.6

<p>Clinical supervision, enhancing relationships with patients</p>	<p><i>“it should safeguard patient safety”</i></p> <p><i>“it may provide the highest level of patient treatment”</i></p>
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### **Perception of positive factors about clinical supervision**

Table 2.1

<p>Former &amp; existing experience of clinical supervision as a positive factor for the pilot</p>	<p><i>“my own experience of being in supervision over the past 15 years. Containment, new learning &amp; sharing the load”</i></p> <p><i>“past experience of supervision-support clarity &amp; wise judgement without being judgmental”</i></p> <p><i>“my 15 years of supervision has contributed to an ongoing reflective way of thinking for myself”</i></p>
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Table 2.2

<p>Observing successful student development</p>	<p><i>“students becoming competent therapists &amp; watching students develop autonomy”</i></p> <p><i>“the quality of students by the end of the course”</i></p> <p><i>“satisfaction at student achievement &amp; clinical outcome”</i></p> <p><i>“when people show growth through this process”</i></p>
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Table 2.3

<p>Idea of clinical supervision as a vital form of support</p>	<p><i>“discussing problems without being judged”</i></p> <p><i>“support in clinical &amp; personal aspects of work”</i></p> <p><i>“encouragement-knowing you can grow on existing knowledge &amp; being steered in the right direction”</i></p> <p><i>“support &amp; affirmation from other group members”</i></p> <p><i>“supportive &amp; skilful colleagues”</i></p> <p><i>“a learning resource –from those who may be more experienced or who have had similar experiences”</i></p> <p><i>“guidance &amp; thought sharing...sharing the management of difficult situations”</i></p> <p><i>“a forum to communicate with other professional colleagues”</i></p>
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### Perception of negative aspects of clinical supervision

Table 3.1

<p>Fear that lack of time may be a hindrance to the process</p>	<p><i>“too busy to prepare for it...I’ve already got a very tight schedule”</i></p> <p><i>“minimal time provision on the pathway-insufficient allocated”</i></p> <p><i>“the resource and time implications may prove difficult”</i></p>
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Table 3.2

<p>Fear of exposure to inadequacies-a sense of feeling vulnerable.</p>	<p><i>“vulnerability perhaps”</i></p> <p><i>“possible criticism about the way I practice-realisation that I don’t do my own practice very well”</i></p> <p><i>“disclosure of weaknesses/inability to feel confident in practice and other group member’s perception of this”</i></p> <p><i>“am relatively inexperienced &amp; worried about seeming foolish”</i></p>
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Table 3.3

<p>Fear that facilitators of the process may not be skilled enough to do a good job</p>	<p><i>“if supervisor is unskilled”</i>  <i>“some models being promoted as the only way” and</i>  <i>“fear that it may be an empty exercise-it needs to be meaningful”</i>  <i>“depends upon the facilitator”</i>  <i>“uncertainty about working in an inter-disciplinary environment”</i>  <i>“ lack of commitment from organisations to use it to support staff”</i></p>
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Table 3.4

<p>Fear that not all people will commit to the process, thus undermining it</p>	<p><i>“lack of commitment to principles of supervision by the team”</i>  <i>“I am not negative but am saddened by the negativity of others”</i>    <i>“may go nowhere-things which may be sorted out in a less complex way”</i>    <i>“students having insufficient commitment”</i></p>
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## Appendix 6

### Clinic tutor focus group themes

Themes	Examples of comments made
Experiences of process	<p><i>“because there must be stuff that comes up... &amp; you feel you want to say something that perhaps you wouldn’t normally share with everyone, I think that helped the dynamics and the trust we put in each other”</i></p> <p><i>“well we each had an opportunity to say how we practised/experienced supervision within our own speciality, we were 4 specialities in the group, homeopathy, acupuncture, herbal medicine &amp; nutrition-so we were able to share”</i></p> <p><i>“I was very pleased that we started on a case history straight away...because I thought we were going to be told “no you’re not going to be doing case histories and those are where our heartfelt issues come from, so we had a case history and that was very positive”</i></p> <p><i>“Will we be less stressed by having this space?”</i></p> <p><i>“Yeah, it seems, you know, it's something which I really wish I'd had when I started this job”.</i></p>
Definition	<p><i>“I thought of it as support for the practitioners a place where you can go with difficulties, and be able to talk about them, and also a place that you can encourage and share good practice”</i></p> <p><i>“I primarily saw it as being in a number of different ways a support for us and a forum to express some of the worries and problems that we might share. I think a way in making a polyclinic at the integrated healthcare provider that we say we are, and probably a certain amount of quality assurance as well, and what we are all doing, because we are so disparate in many ways”</i></p> <p><i>“its where we can talk about what we do, seeing the great similarities but also noting the differences probably because of the different pathway needs, rather than how we practise”</i></p> <p><i>“..I know that I need some sort of supervision and support, but I’m not sure that this is actually where I need to be, whether this is the right forum for me or not.”</i></p>

Theme	Examples of comments made
Education of students	<p><i>"I think that in our discipline, I mean its getting better, but I mean you know, when we joined the school 4 years ago , there probably weren't many people with teaching qualifications you know, they are now gaining them in situ- on the job training "</i></p> <p><i>"and I mean more people are getting them(skills), but they are not primarily from education.....most of the staff are not primary educators, they are practitioners with teaching experience, with maybe some short courses in education"</i></p> <p><i>"...and there's not many places that teach you to teach in this way, to teach you to be clinical supervisors ..I mean if you talk to classroom teachers, seminar teaching...but to be taught to be a supervisor, well that's different"</i></p> <p><i>"its one thing knowing what we are doing, another thing to tell someone else what you do, so you've got to be able to communicate with the students effectively at the level they need"</i></p> <p><i>"Well, no, it's just what we did this evening was particularly appropriate – I think it's going to change the ways I approach some students within clinic. And you can't say more than that, can you really, it speaks volumes for itself, you know, question in terms of the learning process".</i></p> <p><i>"I think one of the important things which is as the School of Integrated Health, we teach our students that supervision's a very important part of their process, and then without this we have no supervision".</i></p>
Empowerment	<p><i>"there were no new issues that we hadn't visited before.....-maybe empowerment, maybe there was some of that, the solidarity was greater than I perhaps had anticipated"(within the clinical supervision group</i></p>

Theme	Examples of comments made
Reflection	<p><i>“Yes, in terms of taking full case histories, treating holistically, really – in terms of the way that we view our students, and what their role is, although it varies to some extent, you give your students a lot more time – not exactly on their own, but you give them more responsibility than – than we do, but – but we have a different way of getting them to the responsible role in the end, we supervise ours far more.”</i></p> <p><i>“ I’m sure every part of our practice does really, doesn’t it? Every part, you know, of being in the clinic contributes to that, because you have to reflect on everything you do, and it made me think that perhaps this was a slightly false situation, do we actually need something like this, to do what we probably do on our own, or in little groups, you know – it’s – it’s something that you do day by day, I suppose – to lay it all out on a plate, as we’re doing here, may – may be useful. “</i></p> <p><i>“Which is in a sense what you do with your patients, isn’t it? You don’t just tell them you should be doing that, you should be doing that – you – and it’s what you keep telling your students as well, what to do – so – so that we should be thinking on the same lines as well, it’s interesting because it’s not natural in a sense, you know, you think ‘oh, I think I know the answer to that”</i></p> <p><i>"The space also allows us time to process, so it’s not just new stuff being brought up every, every – if it was once a week or something, I have a suspicion that it would be just new stuff being brought up every week, and no time to process that – and actually, you know, you need a bit of space and a bit of time to process what’s coming up for you – it’s multifaceted, it’s faceted, it’s changing, it’s dynamic, and it takes time to kind of work these things out, what’s going on. So that space in between is, is really useful".</i></p>
Learning from shared experiences	<p><i>“In terms of learning, from my point of view, I might get a lot more insight into how other therapies work, and how – how they deal with their patients and what issues – what their issues are, what issues come up for that particular therapy – perhaps, I hadn’t thought of that.”</i></p> <p><i>“Well, it’s certainly an issue that we get told about a lot, because – you know, we are a school of integrated health, you know, we are encouraged to promote interdisciplinary knowledge with our students”</i></p>

Theme	Examples of comments made
Interprofessional	<p data-bbox="480 235 1353 432"><i>“We would like our own therapy person, exactly , and you know, we are all on the cutting edge of our therapies really, not only are we educators, but we’re at a time where they are new, and we all of us, as individuals – all the staff here, I think, put a lot of energy into their own disciplines, you know, it’s not something that’s been going in this country in this way for years and years and years, and we’re looking for new inspiration”</i></p> <p data-bbox="480 471 1326 598"><i>“There’s an awful lot of new stuff going on, and I think we are all interested in our own therapies and – and moving that on, and – you know, I won’t say we pay lip-service to interdisciplinary working, cos I think it’s a lot more than that, but it’s still got some way to go”</i></p> <p data-bbox="480 637 1342 733"><i>“Yeah, but – you know, we do still have a primary aim of getting people to qualify capable within their own disciplines, but also having an understanding of other ones as well”</i></p> <p data-bbox="480 773 1353 1000"><i>“My feelings have gone way beyond sort of my applying it to my clinic, but I’ve changed and I see things now in <u>such</u> a different way – and that’s not just in the clinic, but in the department. And I certainly do feel that I have really changed my perception about other therapies. Whether I had particularly biased perceptions of other therapies before I started is quite true (amusement), which I have to acknowledge as well, where they come from .. ”</i></p>
Role conflict	<p data-bbox="480 1046 1326 1242"><i>“and the running of the clinic, I mean its hard, isn’t it cos ...personally what I need is some sort of personal supervision, and I feel that maybe some of this is directed towards the running of the clinic , which I very much want to promote, and do feel part of, but its hard to give time to something else, it just feels a little bit like I’m giving time yet again to something else, rather than getting it for myself”</i></p> <p data-bbox="480 1282 1347 1378"><i>“its hard isn’t it..I’d be marking assignments...people telling me what needed to be done, and a million other things that I need to do in my life-time is absolutely so precious to us all.”</i></p> <p data-bbox="480 1417 1347 1745"><i>“Understandably, so – OK, we’ve been looking at different roles that people take on, and the way in which they support students – whether they are challenging them, or supporting them, or the way in which they respond to them, and we’ve all taken a different role, which has for some of us has been very difficult to do from the one we would normally take, although of course, we all use a composite of all these skills. And for me it’s been a particularly interesting learning experience, how difficult I found it to take on one particular role – so I’m going to take it back and practise it (amusement), you know, and see what happens – see if I die, you know – I may survive”.</i></p> <p data-bbox="480 1784 1353 1880"><i>“but the dynamics of working in a clinical situation where you’ve not just got the patients, how you balance the responsibility between patients and students &amp; what are your professional liabilities or responsibilities”</i></p>

Theme	Examples of comments made
Patient issues	<p data-bbox="480 233 1353 399"><i>“We get very sick people. I don’t know how we know…… but they are very complex the patients that come in here ……. I think to some extent in private practice, you’re regarded as almost like a family practitioner, so they’ll come to you for little things, because the family knows you, and so you do get the simple cases as well”.</i></p> <p data-bbox="480 436 1283 500"><i>“ here it’s – it’s slightly different, so you get people coming in from different referral systems and with differing needs”</i></p> <p data-bbox="480 537 1342 668"><i>“Some patients just walk in the front door or maybe a student on the course has suggested that they come here. You know, ‘my niece is in the course, she said I should come in’, you know, or ‘my wife has contacts through the university.”</i></p> <p data-bbox="480 705 1353 836"><i>“Occasionally people come from private practice whose patients can’t afford to come to them , you might say ‘well, there’s this – this subsidised clinic here, it’s student operated, but maybe you’d like to go there’, so that kind of thing.”</i></p> <p data-bbox="480 873 1342 969"><i>“Yeah, twenty years or something since we’ve had a – London School of Acupuncture clinic in London in different places, and some of those patients who started with us twenty years ago are still with us now.”</i></p> <p data-bbox="480 1006 1353 1172"><i>“We have the same in a different clinic that I work at, you know, it’s just been established for about 16 to 17 years now, and there’s, you know, a long history of patients and some who still come back, but I think here it’s very new for us, and we’re still building up that – that patient referral system.”</i></p> <p data-bbox="480 1209 1342 1406"><i>“Educationally, we have problems sometimes, and sometimes, you know, in our curriculum we say, you know, students will get to see a broad range of patients, but we don’t have any control of what comes in- we can’t have, you know, say – we don’t have thousands of patients that we can pull out a couple of dozen that have this problem, or we can’t pull from a big list – we just have to take what comes through the door”</i></p>

## Appendix 7

### Clinical Supervisor focus group comments

Theme	Examples of comments made
Setting up clinical supervision and attendance	<p><i>"If we were starting it again we would not do it in the same way. In particular I think there were problems around ownership – if you know what I mean by that, that we weren't quite sure that clinic tutors who were being supervised, fully understood what was going on or what the point of it was, or what supervision actually is".</i></p> <p><i>"I think I really feel that the project should – we should have taken much, much longer to introduce it".</i></p> <p><i>"There's been lots of difficulty forming and the membership is still not clear".</i></p> <p><i>"My group was small so it made quite a difference if people were not there. And there were three who were regular attenders and the other two intermittent. And the reasons – I mean you say send apologies – that was sort of mixed in my case, the times they would send apologies and sometimes not. Or send them retrospectively".</i></p> <p><i>"And this particular person I know was coming in especially for the supervision, was not actually working in the university, was having to have a two hour journey to come to supervision. And I could understand his anger really, and his what's the use of this, because for me it felt as if he wasn't being valid because he was told that he had to come in on another day. He was a VL and he was being told that he had to come in on another day that was not his clinic day".</i></p> <p><i>"I'm not sure whether we take all our supervisees and put them in a room for six hours and say this is what supervision is about and you'll have to explore your feelings and let's do some exploring your feelings exercises, and next week we'll start our supervision groups. It wouldn't necessarily have made things any different. I think it's a culture change. It's a word that's misused but I think it's very pertinent here. There's a culture change in the department".</i></p> <p><i>"It could be people's perception that they were coerced into it...."</i></p> <p><i>"I think my disappointment has been that it has been difficult to engage the absentees, you know. I've tried many different tactics".</i></p>

Theme	Examples of comments made
<p>Sub-groups regarding value/purpose of clinical supervision</p>	<p><i>"I think my biggest shock was realising that they weren't grateful for this. It dawned on me after the second meeting".</i></p> <p><i>"So my feeling is there's still quite a segment of my group who are attending who consider it a luxury. It's a nice chat as opposed to anything deeper about building an ethos or professional development, or improving their skills with their students or the other issues as well".</i></p> <p><i>" ....all said how useful it was and how much they appreciated and they found it really helpful. And at the last session there was a member of the group – we had a very interesting debate, and one member of the group decided that it wasn't at all interesting, it wasn't at all useful, and wasn't sure why they were actually in the supervision group, and indeed stated that it didn't feel that we'd ever discussed anything for the clinic. Which was quite an interesting change round because this particular person had been very committed at the beginning and indeed had pushed for supervision".</i></p> <p><i>"You were just talking about the difference between the old lags and the new students or graduates who've gone through the process. And then there's pathway differentials, so some pathways have a culture of reflection already and some of them don't. And it was only half way through, or some time into the process that that really became apparent as one of the things that we need to take account of and work with. But then that makes it all the more important to do so. You know, if we are in the vanguard of reflective practice and trying to get it more widely used and so on".</i></p> <p><i>" ..... and it's just possible that the junior would have really valued the process of our groups and wanted to come along, but that it wasn't valued as a whole in the pathway and therefore other priorities were defined from on high as it were".</i></p> <p><i>" ...if they value reflective practice, the dynamic, and the level of attendance. I would guess – I've got no data, but the level of attendance; I would be surprised if that's not reflected across the groups. It's valued in some pathways because the pathway leader values it. In other pathways the pathway leader I believe is suspicious, and you see that throughout the team and you see it in attendance through the pathways. You can almost read star signs from it".</i></p>

Theme	Examples of comments made
Issues of membership	<p><i>"I mean where can you take that if they've got to make a decision about whether to take a risk in a group or to maintain a co-worker relationship? I don't think they'd jeopardise a working relationship ever".</i></p> <p><i>"But having said that I've got to say that it was my perception that it wasn't the case in my group because I also had somebody who was a course leader and somebody who worked on their pathway who was a visiting lecturer. And there was never the perception that there was a power relationship. And I do believe it was due to the person, the course leader, who was very committed to the reflective process and was prepared to show their vulnerability and prepared to receive criticism, and indeed ask for feedback and criticism".</i></p> <p><i>"But that's the resonance between a particular way of being around a power relationship for example, and the nature of the disciplines. One might say that there's a parallel process going on in that there's something about the kind of – the power within the discipline. We were talking in one of our groups about how you might project your power into the tools of your trade. And if you're projecting it in that way you're not owning it, and therefore you're behaving in ways that are counterproductive in terms of power relationships within the team and so on. And our perception was that that was in some ways related to the particular pathways that people were working on, or the particular disciplines they were working within".</i></p> <p><i>"And picking up on you suggested there might be some issues with a particular pathway, or a number of particular pathways, is the power relationship in those same pathways?"</i></p> <p><i>"Yes. I mean it's the same theme running through, just a different expression of it".</i></p> <p><i>"I had a very senior member of staff, more senior than me, in my group, and my feeling was that this person worked very hard in the group to try and establish a situation as appearing an equal. If a couple of people had anything about a clinic incident that they wanted to discuss they'd be very solicitous for this person to present. I just think that the dynamic was shifted. I know that I had to take a very deep breath as I was getting more used to the process being aware that – you know, I had a co-worker in my team, the person I actually share my shift in the clinic with was in my group, as well as my line manager was in my group. You know, it was tricky, and it was very – I had a couple of situations where somebody brought up an issue that I know that my co-worker feels really, really strongly about and has really struggled with, and she said not a word".</i></p>

Theme	Examples of comments made
Sharing different perspectives	<p><i>"Because to begin with there was a lot of getting to know you stuff, and it's amazing how little people on the different pathways were aware of the work of the people on the other pathways. And issues would come up around say, workload, and how one individual was coping with what they had to do in the clinic and how they got burnt out. And the others were absolutely astonished at the requirements that were placed upon that person. So there was quite a lot of that at first, and they certainly found that very useful. And it also became useful in the sense that that individual could benefit from the strange perspectives, the new perspectives of the other people, to see her work in a different light and therefore start to restructure the way she did it, even though she couldn't restructure the clinic as a whole and her pathway as a whole. So that was useful".</i></p> <p><i>"It's broken down a lot of barriers for me as a clinic tutor with the pathway that I was very distant from before. So for me personally, having other people in the group that I was attending, and also for other members of the nutrition therapy team now, mixed with and more familiar with and understand clinics and other pathways much better".</i></p> <p><i>"But I think for all sorts of reasons, including clinical governance, there has to be dialogue between the pathways. They occupy the same clinical premises. They're working on patients. Unless it happens they're going to replicate the worst of the NHS and everything else. They have to learn to talk to one another. That's what it is. They have to do it. This is the only place where it happens. Hence the surprise when they heard of each other's responsibilities in clinics. I saw mouths dropping – you have to do that? Gosh, we don't have to do that. And there was a big information exchange".</i></p> <p><i>"And a lot of value judgements that had been lurking in the background therefore coming to light, so that they can at least be addressed consciously".</i></p> <p><i>"And for me it would not be beneficial to have supervision groups that were pathway specific. I think it would lose – I didn't have the opportunity to say that earlier if you want to have supervision groups looking at your own particular pathway I think that would be looking more at – I don't know – the prescription, or the patient, or whatever it is, but it wouldn't necessarily – or if it was about education it would be very restricted because it would be too focused, it would be too narrow. It wouldn't be a broad picture and we wouldn't be able to challenge our own ways of training and education".</i></p> <p><i>"– let's start with the benefits – that people have started to talk to each other in a cross curricular way. And they've started to see how different pathways within the clinic have solved problems".</i></p>

Theme	Examples of comments made
Non-clinic issues	<p><i>"And there was one particular session where we were talking about TA and games and so on, and one person just hooked straight into that and did a piece of work around some communication not to do with the clinic but to do with one of her own patients, that helped her to see how she was operating in terms of the TA model. And although it wasn't about the clinic I'm sure it would have spin off in the direction of the clinic in due course, and certainly in terms of understanding what we gave the students".</i></p> <p><i>"I guess at the beginning I thought it should be attached to the clinic. Not that I was too strict about it. But now I realise it really could be anything. It's a supervision group that involves anything that requires supervision. I think it's even better if it's somebody's private practice so they can understand they can put themselves firmly in the shoes of their students".</i></p>

Theme	Examples of comments made
<p>The need for theory for clinic tutors (and inadequacy of they do not have it and students do)</p>	<p><i>"I feel like I've slipped more into giving a lot more theory than I did previously ... and that seems to contain the group and give it an identity somehow. .... I feel like there's an underground debate in integrated health about reflective practice and about the content of your theory, when people who think that what you really need to know is more of the application of your particular therapy, and then the group who feel that reflecting on the way you're applying it is useful. And that just feels like it's being really exposed through the whole project, through the people who've attended or who haven't attended. And also that we've been demanding this – this is something we've discussed at length in supervision – demanding this of the students over three years, but not of the supervisors (clinic tutors). I was initially shocked and then I thought, of course it's completely understandable that they're utterly unfamiliar in some cases with a lot of these concepts, and why would we assume that they're familiar, that there's been an assumption of kind of some osmosis to come from the students to the supervisors".</i></p> <p><i>"The other thing is that it's identified almost completely I think with human and personal development. And that has created fear and loathing in some of the clinical supervisors because they felt, I would imagine, guilt and shame for not knowing what their students know".</i></p> <p><i>"Fear and guilt about not knowing this. And shame for not knowing it. And inadequacy".</i></p> <p><i>"That schism has been really an on-going theme in my group, where I've realised there's been a lot of anxiety about what happens in the dynamics of clinical practice".</i></p> <p><i>"And this experienced supervisor just could not believe how advanced this ex student's skills were in reflective practice. And was brave enough to be able to admit that, that she thought that it was important for supervisors to have many years of experience behind them, and yet here was an inexperienced student who had skills that she felt she didn't have".</i></p> <p><i>"When you've got people dealing with the process initially and not familiar with it, then dealing with those power dynamics and things, you just cant' leapfrog them without skills".</i></p>

Theme	Examples of comments made
Surveillance	<p><i>"Because we skirted around the issue of surveillance. You know, there was a fear, or we thought that people might think we were acting as – (hesitates) – people would feed information back somehow to somebody. And we did do that. But the issue of surveillance has come up in me because I've been alerted to a couple of things and again it is about a stigmatised pathway. But information has come up through one of the people in my group that actually made me very, very concerned as to this person's own safety, and whether burn up was just around the corner. So I didn't really – and I don't know what to do with it".</i></p> <p><i>"One of the things about the schism is feeling that sometimes really important information about a student has come up, or about something that's happening in clinic, that the clinic supervisors have felt very exposed to discover they didn't know about it until in retrospect, that sort of the whole thing was over. That we're often in a position to have quite important information".</i></p> <p><i>"I've been in a position where I've felt I really want to act on this and I can't, or I can only do in a limited way. It's difficult, this".</i></p> <p><i>"Well perhaps the question then is how does the process that we're focusing on here, which is the supervision for the clinic tutors, interface with that process which is going on anyway. You know, if the DCP work with the students brings to light these things, then what?"</i></p>

Theme	Examples of comments made
The setting for supervision	<p><i>"Actually there was a lot of discussion in my group about the physical environment in which it was taking place. First of all we were provided with rooms in the clinic which were dreadfully uncomfortable. Too hot or too cold, and the chairs were blooming awful. And then we realised that most of us were over here so we met in here, which is not the best environment in the world. Certainly if I was setting up a privately run, independent supervision group and trying to attract people to come and join it, that's not how I would do it. That's not where I would do it. And I mean that was a distraction in a way. It was an excuse to talk about that rather than talking about themselves. But at the same time it's a very real problem that they face in the clinic as Arnold was saying earlier. There are problems to do with the engineering of the building that are constraints on the work, and it really is – we don't live and express our holistic principles by choosing to place ourselves in these buildings. It's both a distraction and a very real problem".</i></p>

Theme	Examples of comments made
<p>Consequences of not continuing (and benefits of clinical supervision)</p>	<p><i>"I don't feel totally sold on the idea of simply trying to carry on as we are, because there are a number of significant structural problems with that. But I do think that as part of the evolving process of the school it's really important that we challenge the difficulties. .... But then there's the philosophical problems of trying to get these different disciplines to find a common language and some sort of common value system. And that's what's exciting about it really, you know, that it's forcing us all to look at what we actually do value and what is it that defines us as a school".</i></p> <p><i>"Within the university it's seen as a really good model. It's something that people are being encouraged to adopt".</i></p> <p><i>"I can give you one (benefit). I think the sharing of knowledge. I certainly found that the more experienced supervisors have helped the less experienced supervisors. That's one thing for me".</i></p> <p><i>"The communication between tutors on different pathways I think has improved".</i></p> <p><i>"One is breaking down the boundaries of ignorance between the different pathways working within the clinic, so they can see and understand more about what each other is doing. The other one is the boundaries between them and the students, so that they come to have an understanding of what it is their students are going through and to see the value of that. And the third one I suppose is to learn to value a space away from the busyness, because they're all busy".</i></p> <p><i>"Another thing that I've found in my group is that some of the supervisors have actually had aha moments when they've actually understood what has actually been happening to them when they've been working with their students".</i></p> <p><i>"I think what they've also found useful has been understanding where the students are coming from. Understanding the level of sophistication, and the models that students have had. And then re-equating themselves with it and being able to match that with the students".</i></p> <p><i>"I think it's been very beneficial to be mixed, because people have seen how different pathways have done things, and have begun to talk to each other and take from each other. I would really be against being pathway specific".</i></p>

## Appendix 8

### Comments from telephone interviews

Views about recent supervision project	<p><i>“the groups were worth doing but in present format they could only get so far in meeting my needs as a tutor and attendance was generally poor for practical reasons, I only managed to go to 4 or 5. But I did value hearing from others when I attended but in the end our group leader gave up because it was so difficult for everybody to attend.”</i></p> <p><i>“I didn’t know anything about it”</i></p> <p><i>“I know nothing about it(to my knowledge) I have been away from my desk”</i></p> <p><i>“it was very useful but attendance was a bit patchy due to time commitment”</i></p> <p><i>“generally disappointed I was very much looking forward to it, but it was not especially useful for my needs, and I had hoped it would bring staff closer together, there is a gap between the module and the clinic. The input has not helped with Health &amp; Society &amp; that’s a major disappointment”</i></p> <p><i>“I think it is terribly important to get the resources to do this”</i></p>
Possible drawbacks of clinical supervision	<p><i>“the commitment of people to work at it as a group. People brought different levels of understanding &amp; commitment”</i></p> <p><i>“None”</i></p> <p><i>“Time, effort, introspection”</i></p> <p><i>“Dipping into precious time”</i></p>
Possible advantages of clinical supervision	<p><i>“how other pathways do clinics made me think about how I was working. I’m not sure there are any benefits for patients”</i></p> <p><i>“Learning to do the job better”</i></p> <p><i>“Sharing, support and introspection”</i></p> <p><i>“Allows you time to reflect on the clinic, time to think about things with the support of others, and it is time for me rather than the students”</i></p> <p><i>“it was on a personal level with individuals, and to understand a bit more about health &amp; society. Interesting to hear that others struggle with similar problems”</i></p> <p><i>“Everything from staff development through to basics in health and safety, welfare of students etc”</i></p>
Can clinical	<p><i>“definitely it made me think about the process more”</i></p>

supervision enhance:  reflective learning	<p><i>“yes, by reflecting on ones experiences &amp; learning from them”</i></p> <p><i>“Yes”</i></p> <p><i>“Yes”</i></p> <p><i>“Yes...it helps the poor practice of being a supervisor to others &amp; not being in supervision oneself”</i></p> <p><i>“Yes especially in mixed groups and gaining transferable knowledge”</i></p>
Can clinical supervision enhance:  standards of practice	<p><i>“no I don’t think so we didn’t get anywhere near that but there used to be a multidisciplinary group that met at lunch time where clinic tutors could bring a case and I learnt tons from that, e.g. ethical issues across the pathways, all discussions were case based. That was very helpful.”</i></p> <p><i>“yes by learning from experience”</i></p> <p><i>“Yes”</i></p> <p><i>“Yes-it gives you opportunity”</i></p> <p><i>“Yes”</i></p> <p><i>“Yes”</i></p>
Can clinical supervision enhance:  effective interdisciplinary practice	<p><i>“generally to gain more knowledge in this area and to increase appropriate referrals”</i></p> <p><i>“to a point, not massively but I do talk to peers about their role, but I already have a good grasp of what is going on although I can always learn more”</i></p> <p><i>“I’m sure it can but I’ve not experienced it. As a team we were keen to do it but I’m disappointed it didn’t help more , personally I would like a single pathway and multi pathway model”</i></p>
Is some form of Clinical supervision necessary?	<p><i>“Absolutely.. but I would like to start within my own pathway and have something going on there”</i></p> <p><i>“ recommended”</i></p> <p><i>“initially I might have said no but it makes sense otherwise it may lead to arrogance”</i></p> <p><i>“Yes but we need to go back to the structure and how we resources the clinic...remission for the clinic does not recognise the whole role of responsibility for patients and students and so I would see clinical supervision as being part of the job description for every clinic tutor, mandatory both within the pathway and across disciplines, set within a reflective framework”</i></p> <p><i>“entirely necessary”</i></p>
Measure of	<i>“On balance clinical supervision is a good thing and I am committed to</i>

<p>commitment to clinical supervision</p>	<p>it”  <i>ALL AGREED with the above statement as opposed to the one below.</i>  <i>“I am uncertain about the value of clinical supervision and cannot commit myself to it”</i></p>
<p>Preferred model</p>	<p><i>“ would prefer a clinical supervision model which was more task or focus orientated....I am very loyal to my own pathway and didn’t get much beyond that but the clinical supervision group was too broad. I think clinical supervision should be mandatory rather than voluntary”</i></p> <p><i>“Small groups with 3-5 participants”</i></p> <p><i>“Voluntary but encouraged”</i></p> <p><i>“Structured case workshops around focussed tangible issues and around compliance and involving people in that. Lots of people did not attend our group. Also need to work on a year long basis-the 3<sup>rd</sup> semester over the summer makes time management very difficult, it’s a struggle to keep clinic going...and the added commitment of supervision should not exacerbate this.”</i></p>
<p>Additional comments</p>	<p><i>“I found it very useful, nice to have a forum where I can say to others that I screwed up in front of students, important to attend fairly regularly and it promotes self reflection”</i></p> <p><i>“in terms of expressing views about our pathway I think we need on going supervision but we need financial and moral support in doing this, you cannot have people working around issues of safety unsupported”</i></p> <p><i>“both the university and individual need to invest in it , you need to find a way of costing it in...its also about quality assurance purposes, I think we need to keep to it”</i></p>