

SUPERVISING A TRAINEE – WHAT DOES IT INVOLVE?

The tasks of the supervisor are many. They include (at least) the following:

1. Facilitating the trainee's entry into the professional network: introductions, tours, maps, briefings, etc.
2. Negotiating, and where necessary re-negotiating, the learning objectives with the trainee and Clinical Tutor.
3. Providing and monitoring the trainee's workload, taking into account his/her newness to clinical psychology, stage of training, the client group and the type of work and whether there are specific learning objectives to be achieved
4. Administration. To induct the trainee into responding within the bounds of appropriate professional conduct. This will include communicating effectively and openly with you and your working system (including appropriate administrative staff), ensuring he/she observes the correct procedures regarding absences, electronic record keeping and professional conduct. As NHS employees, trainees are bound by the same disciplinary and grievance procedures as the rest of us. At the beginning of the ACC on PebblePad you will find a list of the administrative areas that need to be discussed and covered at the start of each placement.
5. Teaching skills. Providing practical guidelines on interviewing, carrying out assessments and therapeutic techniques, and modelling their application by having the trainee observe you and/or undertaking joint work.
6. Linking practice and theory through discussion of cases, provision of reading material, enabling the trainee to attend relevant seminars, workshops, conferences (these may require study leave approval) and setting aside time to discuss theoretical/professional issues.
7. Giving feedback on the trainee's own work. This requires you to observe the trainee with in their clinical work with clients over the course of a placement (more if possible), either directly or through taped sessions, and to develop the trainee's use of electronic records. Observations will include both direct (1:1) and indirect (for example, in a team meeting) setting. At the end of placement you will be required to sign off these observations. Where the trainee works with direct care staff, feedback from them should also be sought. Detailed feedback is more useful than general statements such as "that was fine". Critical or corrective feedback can be made less threatening if you start with the premise that learning inevitably involves learning from one's mistakes, and perhaps giving examples of your own past (or recent!) ones.
8. Skills of enquiring, which help the trainee to develop reflective practice. In this role the supervisor is helping the trainee to reflect upon and develop their own style and ideas, rather than to carry out the work 'as if' they were their supervisor.
9. Supporting and counselling. Being a trainee has many stresses. These include social and domestic upheavals, especially at the start of training; changing 'jobs' every six months; feeling de-skilled and incompetent while feeling expected to cope (by oneself,

client, colleagues); having one's work and behaviour continually assessed; repeatedly shifting between the 'roles' of clinician (on placement) and student (during academic teaching).

The extent to which these stresses and their effects can be openly discussed between the supervisor and the trainee will vary according to how much they are affecting the trainee at any time, the degree of trust in the supervisory relationship, and the expectation of the trainee and supervisor regarding the boundaries and purpose of supervision. Perhaps the most general 'rule of thumb' that can be given is that the supervisor should be alert, but not intrusively so, to the personal impact on the trainee of the placement and to any other factors which may affect his/her performance at work. The trainee and supervisor will need to make explicit the extent to which they both feel it is appropriate to discuss these issues in supervision. The supervisor should, where possible, try to avoid either pressing the trainee to discuss matters that the trainee feels are too personal, or appearing to ignore issues and feelings which the trainee wants to talk about. Inevitably there will be quite wide variations in the outcome of this, the most personal aspect of the supervisor process. The training programme aims to provide a system of support for trainees through the Personal Mentor Scheme, personal tutors, Balint and reflective practitioner groups and Clinical Tutors, which your trainee can also use when needed. If you have serious and ongoing concerns about the welfare of any trainee it is envisaged that you will communicate with the trainee and the clinical tutor/ Clinical Directors so that a supportive and consistent approach across different work systems can be created for the trainee.

10. Assessing the trainee. The learning objectives upon which the assessment of the placement across all 8 learning objectives is based will have been made explicit at the start of the placement. At the mid-placement visit, the supervisor should be in a position to identify whether there are any concerns regarding trainee performance or learning in the light of this original contract. These should be clearly discussed with the trainee and clinical tutor and documented on the MPV section and a clear plan of action put in place to support the trainee in meeting outstanding goals. At the end of the placement a formal assessment of the trainee's performance is made, including both written comments and a series of ratings. This will have also been previewed in the 'progress report' given at the mid- placement meeting
11. The supervisor has the responsibility of deciding whether to recommend that the trainee should pass/ borderline pass or fail each of the 8 learning competencies which leads to a final recommendation of Pass or Fail of the placement. In most cases, where placements have gone well and any difficulties have been largely overcome, completion of the assessment presents no problems. It is appropriate in the completion of the Assessment of Clinical Competence to indicate some points for continued development that may be addressed by the trainee in the rest of their training. Where a placement has fallen well below expectations, the question will arise of whether it should be failed or deferred. This is dealt with in a separate paper: 'Passing and Failing Placements: Guidelines for Trainees, Supervisors and Placement Tutors' (see section 2.7)