Professional Supervision in Occupational Therapy

2010

Association of Occupational Therapists of Ireland

Foreword:

Dear AOTI members,

On behalf of Association of Occupational Therapists of Ireland Council and the National Occupational Therapists in Management Advisory Group (NOTMAG) of AOTI, we would like to acknowledge and thank most sincerely the Working Group; Aine Clyne, (Co-ordinator), Liz Daly (Lead Author), Suzanne Kiely, Jean O'Sullivan and Clare Gallagher for their commitment and dedication in bringing this project to fruition.

We present this valuable document to assist you in the provision of professional Occupational Therapy supervision in the workplace. It places emphasis on the importance and significance of supervision for all Occupational Therapists and the place it holds within our professional and personal development. We hope it will be a useful reference for AOTI members,

Pauline Burke, Chairperson NOTMAG
Valerie Flattery, Chairperson AOTI
May 2010

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Chapter Five

Introduction

This professional supervision document has been prepared by a working group on behalf of the National Occupational Therapy Managers' Advisory Group (NOTMAG) which is the representative manager group of the Association of Occupational Therapists of Ireland (AOTI). The overall aims of the working group were to clarify the purpose of professional supervision for Occupational Therapists in Ireland and to provide the profession with a set of guidelines for good practice. A summary of the project process and a list of the working group members is included in appendix 1.

Background/Rationale

The majority of occupational therapists in Ireland are either engaged in or provide professional supervision as part of their daily work. Many established departments have developed both policies and operational guidelines for the supervision of both staff and students, in keeping with organisational best practices. However, as part of the AOTI's strategic commitment to ensuring that the highest possible standards are promoted for and by the Profession, there is a need to communicate a common understanding on the purpose of professional supervision for the benefit of the Occupational Therapy community and for the wider audience of the public and service providers with whom we work. As part of quality improvement, there is also a recognised need within the Profession to promote common guidelines for how professional supervision should best take place.

Internal Drivers

The responsibility of the individual therapist "to seek support and formal supervision" is clearly stated in the AOTI Code of Ethics and Professional Conduct for Occupational Therapists (2007). The Professional Body's Standards of Practice Statements (2008) likewise reinforce the need for therapist to "engage in and provide supervision for staff to support their practice and professional development". The Occupational Therapy Competencies document (Therapy Project Office 2008) reinforces the ability to utilise supervision as a core area of competence for an Occupational Therapist.

The Professional Body of AOTI has an ongoing strategic commitment to promoting continuing professional development (CPD) for its members as part of its vision for quality occupational therapy services (AOTI Strategic Plan, 2009-2012). The Association has produced a comprehensive *Continuing Professional Development Portfolio* (2006) which is a tool to support individual therapists to reflect on their knowledge, skills and attitudes in providing a quality service to clients. While the maintenance of a portfolio is the responsibility of the individual therapist, a supervision structure facilitates regular reflection and opportunities for actioning learning. Professional supervision can also provide a structure to ensure that CPD is shaped by the scope of practice and one's professional role, hence reinforcing one's professional identity. The combination of participating in professional supervision and taking individual responsibility to participate in and reflect on learning, jointly contribute to a profession that is proactive in responding to changes in healthcare systems and practices and committed to providing quality services for the public.

Supervision is an integral part of practice education for students. The educational and supportive supervisory functions of practice education supervision are closely aligned to those of professional supervision for qualified staff (Youngstrom 2009). Therefore, the experiences that students gain from being supervised and of taking on the responsibilities of being a supervisee begin early in an Occupational Therapist's career and are developed further as a core area of competence in one's working life.

External Drivers

This initiative on professional supervision takes place at a time when State Registration through the Health and Social Care Professional Council is currently being established. For the first time, Health and Social Care Professionals in Ireland will be regulated under statute. This represents a significant step towards providing an accountability mechanism to protect the welfare, safety and rights of the public who engage with Occupational Therapy services and towards promoting high standards of professional education and competence. Professional supervision can be viewed as a process that enables and supports the maintenance and monitoring of standards of practice. As such, professional supervision contributes to the development of systemic accountability structures.

Section three of the Safety, Health and Welfare at Work Act 2005 states that employers are primarily responsible for creating and maintaining a safe and healthy workplace. This includes providing and maintaining welfare facilities for employees at the workplace. Given that Occupational Therapists deal with the complexities of health and social care throughout their career, there is an onus on the organisation to provide support mechanisms to promote safe practice and to help therapy staff deal with the challenging emotions of daily work within the healthcare setting. This is needed not just at times of crisis, but on an ongoing basis. Professional supervision is one such mechanism that an organisation can put in place that promotes safe practice while also supporting the emotional growth and wellbeing of the therapist. It is also a feedback mechanism where practices and risk factors can be reviewed and revised to promote healthy workplaces for staff and clients.

O'Neill (2004) points to the value of organisations considering the link between effective supervision and staff retention. Staff are less likely to leave jobs where they feel satisfied and valued. Investing in staff welfare and development through a regular supervision system should be considered as one way of not just retaining a skilled workforce but of maintaining a healthy workforce who feel respected and supported.

Personal Development Planning (PDP) has been introduced as part of the implementation of the *Action Plan for People Management in the Health Services* (2002). PDP is a voluntary process. Having a regular supervision structure in place can facilitate a context in which PDP can take place at fixed points in one's working life (O'Neill 2004). Therefore, having a professional supervision structure in place can not only promote the advancement of PDP but can also contribute to an organisational culture that supports regular review and planning.

Better integration of services that result in clients being able to move more efficiently across all stages of the care journey is a key objective of the Health Service Executive's (HSE) *Transformation Programme 2007 – 2010* and the more recent emphasis on an *Integrated Services Programme 2008*. Occupational Therapy Services are playing a part in progressing integration by embracing new patterns of work, especially those that are bringing services closer and more accessible to the communities and individuals that

need them. As a profession, we are challenged to work in new and evolving organisational structures which may not necessarily have direct discipline specific line management, such as the developing Primary Care Teams. Line management and administrative accountability may be to the team manager/leader in such structures but the monitoring of professional competence, support and professional development remains that of the Head of Discipline. These emerging work structures pose new challenges for Heads of Disciplines in how they can best manage and deliver professional supervision to occupational therapists. For example, geographical obstacles to the one to one delivery of professional supervision may be addressed through using various communication media. Setting up peer or group structures for supervision may prove to be an economical approach to sharing expertise and knowledge in particular areas of work. While these new modes of delivery may offer practical solutions in embracing change and managing new work practices, the rationale and purpose of professional supervision remains that of monitoring and maintaining professional competence while supporting ongoing learning and growth within the scope of professional practice.

Key Point

The overall purpose of Professional Supervision for occupational therapists is to monitor and maintain professional competence while supporting ongoing learning and growth within the scope of professional practice.

What follows in the document is an explanation of the purpose and functions of supervision and a practical guide on how to implement supervision within the work setting. Much of the good practice guidelines offered in this document have been drawn from both Occupational Therapy literature and from the broader field of international practices. The guidelines have been particularly influenced by the writings of Eileen O'Neill whose feedback on this document is gratefully acknowledged.

What is Professional Supervision?

Hunter and Blair (1999) describe supervision as "a process where occupational therapy staff are able to reflect on, critically look at and discuss their work, when key components [support and challenge, use of a supervision contract, training in supervision, review and feedback] are present in a supervision structure".

O' Neill (2004) describes professional supervision as a partnership process of ongoing reflection and feedback between a named supervisor and supervisee in order to ensure and enhance effective practice. When provided in a supportive manner "it offers a regular, structured opportunity to discuss work, to reflect on practice and progress and to plan for future development" (O'Neill 2004, p.18). Supervision as a *partnership* requires that both participants have individual and shared responsibilities in supervision and clear expectations both of themselves and of each other. Supervision as a *process* implies that the work done in, or facilitated by supervision permeates beyond the meeting itself and is integrated into everyday practice.

According to O'Neill (2004) professional supervision provides an opportunity to:

- Reflect on the content and process of practice.
- Monitor and ensure the quality of work.
- Review and plan work.
- Consider any particular responsibilities and roles of the supervisee.
- Develop understanding and skills.
- Seek and receive information, support and feedback.
- Voice and examine concerns.
- Explore and express issues brought up by the work.
- Consider the impact of the work on the supervisee.
- Be proactive.
- Be challenged constructively.
- Identify skills and strengths.
- Identify learning objectives and areas requiring further development.

- Reflect critically on learning experiences and document reflective practice.
- Identify targets and goals in the context of a PDP.

The term 'professional supervision' embraces a definition that reflects the wider areas of practice that occupational therapists work in, including non-clinical medical model settings such as schools. It offers a broader focus than the term 'clinical supervision' in that it incorporates not only issues relating to clinical practice but *all* aspects of the professional role.

What Professional Supervision is NOT

Exclusion factors that define its parameters can further increase our understanding of professional supervision. O'Neill (2004) and Fone (2006) state that professional supervision should not be:

- A casual informal activity
- An interview
- Counselling
- Mentoring
- An optional extra
- Something that's done only when there is a problem
- A performance appraisal
- Support for the supervisor
- A telling-off
- A grievance session
- A test or exam.

Modes of Supervision

Effective supervision can take place in a variety of contexts, the choice of which is determined by the needs of the individual practitioners, the organisation they work in and the client group they serve. Whichever method is chosen, it must have the capacity to address the purpose and functions of professional supervision as described in this document. Table 1 summarises the modes of supervision that can be effectively applied to supervisory practice (Kadushin 1992, Morton-Cooper and Palmer 2000, Ferguson

2005, Arkhurst and Kelly 2006), though the one-to-one approach continues to be the most commonly understood and utilised method within occupational therapy.

Table 1. Modes of Supervision

One to One	Occurs between a supervisee and a designated supervisor who has a greater level of experience and expertise.
	Typically revolves around the supervisees' account of their work, self-reporting relying heavily on recall and selection of material by the supervisee.
	The supervisory relationship is a core element of the process.
	Both the supervisor and supervisee have distinct and shared responsibilities.
One to Group	Occurs between several supervisees and one supervisor who is at a more advanced level of expertise and who may have some form of hierarchical authority.
	Is conducted on a collective and/or alternating basis e.g. common issues are discussed with all supervisees and/or individual turn taking.
	The supervisor leads the group and is responsible for the functions of supervision being met as well as managing the group process.
	Success of group supervision relies heavily on the group leadership skills of the supervisor.
	Can be the principal mode of supervision or a supplement to one-to-one supervision.
Peer	Occurs between a group of professional peers who are at a similar clinical level.
	Participants share experiences, brainstorm and seek feedback in a group or one to one basis.
	Participants have no direct responsibility for each others practice.
	In the absence of a group leader there is greater need for a clear structure and it requires greater commitment from the group.
	This method alone is usually considered less appropriate for the less experienced practitioner.
	Can stand alone as the primary supervision format or act as an adjunct to one-to-one supervision.

Functions of Supervision

O' Neill (2004), writing about supervision in an Irish health and social care context, describes the three functions of professional supervision as accountability, support and learning. *Accountability* in supervision facilitates safe and effective practice. *Support* in supervision enables staff to perform their jobs in demanding and potentially stressful situations. *Learning* in supervision enhances the ongoing learning, continued development and self-awareness of the supervisee and of the service.

Figure1. Balance of the functions of supervision
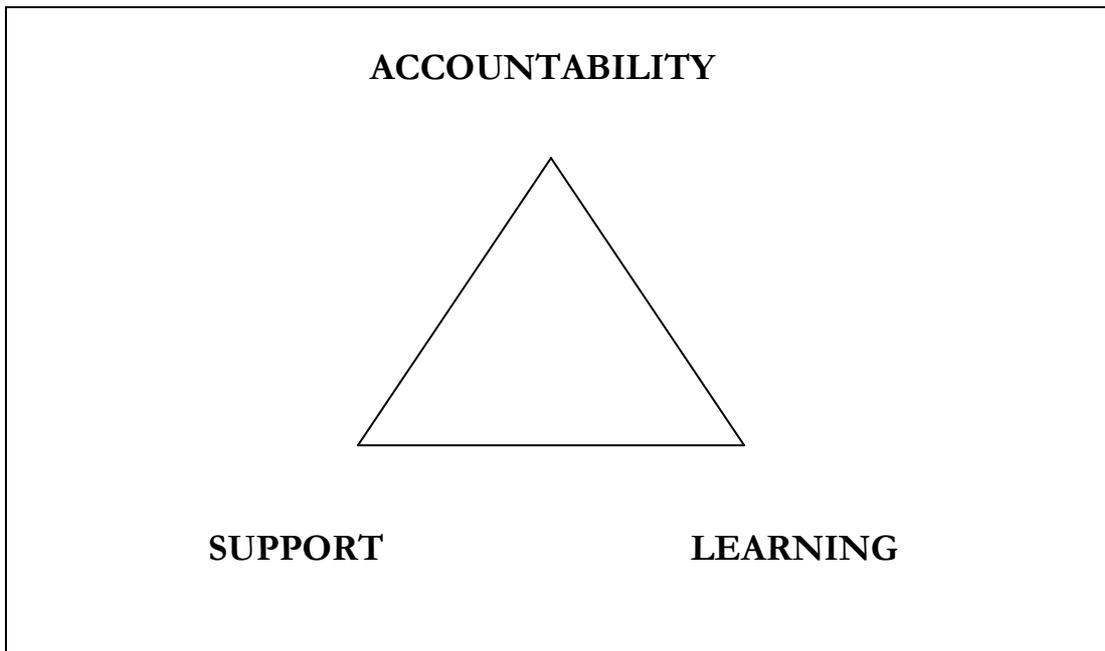
ACCOUNTABILITY

SUPPORT   LEARNING

Source taken from O' Neill E. (2004) *Professional Supervision: Myths, Culture and Structure*.
RMA Publications, Co. Tipperary.

Professional supervision provides the context and means by which the functions of accountability, support and learning can be achieved. All three functions are interdependent – one function cannot be effectively performed without consideration of the other two. An overemphasis on accountability, for example, could leave supervisees feeling that they are being overtly controlled and that the only purpose of supervision is to 'check up on them'. An overemphasis on support could result in important discussions about workload, decision-making and accountability being neglected leading to a danger of supervision becoming counselling. Whilst at times there may be a need to focus more on one than the others, the supervisory process should ensure that over time all three components are addressed in a balanced way. This ensures that supervision remains focused and effective.

Similar functions are described by Kadushin (1976) as *managerial, supportive* and *educative,* and by Proctor (1988) *as normative, restorative* and *formative.* Hawkins and Shohet (2006) in describing supervision for the helping professions categorise the tasks and activities of supervision into ten "primary foci". Table 2 demonstrates how the functions of accountability, support and learning relate to each of these foci.

Table 2. Primary foci of supervision

Main categories *Hawkins and Shohet (2006)*	*Function Category* *O'Neill (2004)*
To provide a regular space for the supervisees to reflect upon the content and process of their work	Learning
To develop understanding and skills	Learning
To receive information and another perspective concerning one's work	Learning/support
To receive feedback	Learning/support
To be validated and supported both as a person and as a worker	Support
To ensure that as a person and as a worker one is not left to carry unnecessarily, difficulties, problems and projections alone.	Support
To have space to explore and express distress that may be brought up by the work	Accountability/support
To plan and utilise personal and professional resources better	Accountability/support
To be proactive rather than reactive	Accountability/support
To ensure quality of work	Accountability

Dual Focus Approach in Supervision

To be effective, supervision should focus not only on workload issues but should also include time for focusing on the developmental needs of the supervisee. According to O'Neill (2004), a dual focus approach in supervision that addresses both operational and developmental aspects helps to ensure that the functions of accountability, support and learning are achieved.

The **Operational Focus** of supervision concentrates on the supervisee's *workload* – the day-to-day tasks of the job as well as any specific roles and responsibilities that the supervisee may have. The **Developmental Focus** on the other hand centres on the

supervisee and his/ her developmental needs. If the focus of supervision is primarily operational then it is likely that supervision will become a 'check-listing' activity with limited opportunities for support and learning. Supervision gains a deeper more meaningful dimension when it also incorporates a developmental focus and it is the responsibility of the supervisor to ensure that due time and consideration is devoted to this approach throughout the supervisory process. While both approaches are independent in their own right it is their interdependence and overlap throughout supervision that enables all three functions of supervision to be achieved.

Examples of areas in supervision that have an operational and developmental focus are outlined in Table 3.

Table 3. Dual Focus Approach in Supervision

OPERATIONAL FOCUS: The job to be done.	DEVELOPMENTAL FOCUS: The person doing the job.
Examples include:	Examples include:
▫ The overall purpose and function of the service	▫ The impact of the work on the supervisee
▫ Job description	▫ The supervisee's strengths and skills
▫ The role and responsibilities of the supervisee	▫ Areas which require improvement and further development
▫ Policies and procedures of the service	▫ Working as a team member
▫ The client group	▫ Recognition and use of one's own support systems
▫ Assessing needs	▫ Reflection on input, ideas and concerns
▫ Goal setting	▫ Identifying learning objectives
▫ Treatment planning	▫ Reflection on learning experiences
▫ Time management	▫ Formulating, implementing and evaluating a PDP.
▫ Documentation and report writing	
▫ Budgeting	
▫ Staffing/ recruitment	
▫ Service planning	

Source adapted from O' Neill E. (2004) *Professional Supervision: Myths, Culture and Structure*. RMA Publications, Co. Tipperary

Supervision Policy

A clear supervision policy specific to the organisation's needs is a key strategy to ensure the successful implementation of professional supervision. A policy should be developed in a way that matches good practice to the reality of local resources and conditions and should provide a clear, realistic and workable framework for how supervision is used and provided.

O'Neill (2004) identifies a number of areas which should be considered when developing a professional supervision policy:

- A statement outlining the service's mandate for supervision;
- The purpose and functions of professional supervision;
- Standards/ procedures that should be followed when implementing supervision including:

1. Who should be supervised and who should provide supervision.
2. Contracting of supervision.
3. The duration, frequency and location of supervision meetings.
4. The content and agenda.
5. Boundaries regarding confidentiality and the lines of accountability.
6. Recording of supervision – what is recorded, by whom, who has the right to access the records, where they are kept, for how long and for what they can be used.
7. The priority of supervision in relation to other responsibilities and the circumstances that may allow for the postponement of a supervision meeting.
8. The procedure to follow in the case of difficulties arising between supervisor and supervisee that cannot be resolved within the supervisory partnership.
9. The rights and responsibilities of the supervisor and supervisee.
10. The process for review and evaluation of supervision.

1. **Who should be supervised and who should provide supervision?**

   All occupational therapists and support staff should have access to planned, regular and structured professional supervision.

   Professional Supervision should be provided by a designated supervisor within the profession who is more senior than the supervisee - though not necessarily of a higher grade - with a sufficiently extended level of skills, knowledge and experience to support the development of the supervisee. Therapists who provide supervision to others should be committed to and actively engage in professional supervision of their own.

2. **Supervision Contract**

   The supervision contract is an important component of professional supervision and has the potential to establish the basis for a successful supervisory partnership. It essentially constitutes a working agreement between the supervisor and supervisee and should be a shared negotiated task of the initial supervision meeting. Contracting should enable participants to clarify the purpose of supervision, to articulate their expectations and explore any fears or concerns they may have. The information contained in the contract can vary from setting out clear practical boundaries – such as venue, frequency, duration and confidentiality- to outlining more detailed information on the objectives and functions of supervision and the specific rights and responsibilities of the supervisor and supervisee. Regardless of its format the supervision contract should be negotiated within the context of the standards and procedures of the organisation's Supervision Policy.

   The contract should also include arrangements for how and when supervision will be reviewed. Sweeney et al (2001c) stress that a 'dynamic' contract, reviewed and renegotiated at regular intervals is fundamental to successful supervision. (See Appendix 2 for a sample Supervision Contract)

3. **Frequency and duration of supervision**

   As a minimum standard a supervision meeting of one hour duration should take place at least every four weeks for all full time staff with pro-rata arrangements for part time staff. This should support and compliment the unplanned informal

supervision that is ideally available to supervisees when required between supervision meetings.

The frequency of supervision will vary and depend on individual need, nature of the work, the stage of development of the supervisee and the specific capacity and expectations of the service. Each organisation should determine its own frequency schedule for staff based on these considerations; however the following schedules as outlined in table 4 are commonly practiced:

Table 4. Frequency of supervision

Senior occupational therapists	**Monthly**
Basic Grade occupational therapists	**Fortnightly**
Occupational therapy assistants	**Fortnightly**
Newly qualified occupational therapists	**Weekly initially**

Provision for more frequent supervision should exist for those who are new to the service or Irish healthcare system, those who are changing roles and responsibilities or when the supervisee and/or service is going through a period of change or difficulty.

4. **Content and agenda**

In order to facilitate effective professional practice the content of supervision needs to focus on both the detail of the work and on the individual staff member (O'Neill 2004). To this end a dual focus approach in supervision as previously described is considered good practice.

It is essential that both the supervisor and supervisee prepare sufficiently before each supervision session and contribute jointly to the agenda. The agenda can be agreed either in advance of or at the beginning of the meeting.

5. **Boundaries/confidentiality**

Trust should be an integral part of supervision with both parties agreeing from the outset to respect the information shared and discussed during the supervision

meeting. As supervision is a delegated accountable task the supervisor has a clear responsibility to appraise his or her manager of the progress of the supervisee and to inform the manager of concerns regarding any aspect of the supervisee's practice (O'Neill 2004). Confidentiality therefore cannot be absolute. Instead the information shared between supervisor and supervisee within supervision should be mutually respected and kept within supervision unless outside attention is required (Fone 2006). In such circumstances, it is incumbent upon the supervisor, where possible, to inform the supervisee in advance of taking such action. In addition, the supervisee should be at liberty to discuss certain aspects of his/her supervision with other colleagues if it facilitates further reflection on practice.

When contracting supervision it is essential that the boundaries regarding confidentiality are discussed and clearly outlined.

6.   **Supervision records**

A record should be made of each supervision meeting that accurately reflects what was discussed, the decisions made and who is responsible for carrying them out. Time should be allowed at the final stage of the supervision meeting when both supervisor and supervisee undertake the recording together, with onus on the supervisor to ensure accuracy of the contents. (See Appendix 3 for a sample Supervision Recording Sheet).

Contemporaneous records should be held in a mutually agreed 'safe' place by the supervisor and must be accessible to the supervisee and service manager as required (O'Neill 2004). The supervision records remain the property of the employing organisation and as such are subject to the same disclosure conditions and legal requirements as all other professional documents. In the event the supervisee leaves the service or changes supervisor the supervision records are given to the service manager for safe storage.

When a supervisee changes supervisor another contract is negotiated and a new set of supervision records ensue. O' Neill (2004) recommends that a report is prepared by the supervisee and supervisor during their final meeting which summaries their supervision to date and identifies the areas requiring ongoing

attention. This can subsequently form a starting point for the contracting of the new supervisory partnership and help ensure that previously identified goals and objectives are carried forward. (See Appendix 4 for an example of a Supervision Transfer Form).

Ideally photocopies should not be made of the supervision record. If an aide-mémoire is required by either participant regarding any aspect of the supervision meeting e.g. the actions to be taken, recording such notes separately is better practice than photocopying the entire record. This practice helps to ensure the confidentiality of any third party information contained in the supervision record and compliance with the organisation's relevant data protection and confidentiality policies.

While supervision records remain the property of the organisation, it is generally accepted that CPD reflection forms, even though completed during supervision, belong to the supervisee as evidence of engagement in CPD activities. It is not necessary therefore to keep a copy of the CPD form with the supervision records.

7.   **Postponement of supervision**
The supervision policy should identify clearly the priority of supervision in the culture of the organisation and the circumstances that allow for the cancellation or postponement of a supervision meeting. Ideally supervision should only be postponed in the event of either participant needing to take unexpected or unplanned leave. Other circumstances need to be agreed by both parties at the outset.

8.   **Conflict**
The supervision policy should acknowledge that difficulties can and do arise between supervisor and supervisee and set out procedures for how these difficulties are resolved. Both participants have responsibility for addressing and resolving such difficulties within supervision in the first instance and seeking outside intervention from a line manager in the event that resolution cannot be achieved.

9. Responsibilities of the supervisor and supervisee

Many of the responsibilities within the supervisory partnership are shared between the supervisor and supervisee (Table 5). Such responsibilities need to be clearly identified and understood from the outset.

Table 5.   Examples of some of the shared responsibilities in supervision

	Supervisee	Supervisor
Preparation for supervision	✔	✔
Starting on time	✔	✔
Finishing on time		✔
Contributing to the agenda	✔	✔
Using the time effectively	✔	✔
Actively listening	✔	✔
Ensuring a suitable venue	✔	✔
Ensuring that no interruptions occur	✔	✔
Honest and open communication	✔	✔
Rescheduling a postponed meeting	✔	✔
Ensuring accuracy of the Supervision Record and safe keeping of same		✔
Acknowledging difficulties with each other if they arise	✔	✔
Honest and regular feedback	✔	✔
Seeking additional supervision if necessary	✔	
Regular review of the supervision content and process	✔	✔

Source taken from O' Neill E. (2004) *Professional Supervision: Myths, Culture and Structure*. RMA Publications, Co. Tipperary.

10. Ongoing review

In order for supervision to remain effective and focused on its objectives it is important that is reviewed on a periodic basis. O' Neill (2004) suggests this review takes place every sixth meeting when it is placed on the agenda for discussion.

Review provides the opportunity for both parties to discuss how they are finding supervision, discuss any difficulties they may be experiencing and identify areas that may need to improve. Even if supervision is going well it is important to acknowledge this, identify specifically what is going well and why.

Regularly reviewing supervision in an open and honest manner can help prevent it falling into a 'comfortable rut' or being overly influenced by the needs of either participant (O'Neill 2004).

Intervention Strategies that Enhance Supervision

Strategies identified in the literature that can potentially enhance the effectiveness and quality of supervision include:

Support and challenge

Support and challenge are widely identified in the literature as being essential components in supervision and it is important that the challenges set for the supervisee are balanced with appropriate support, "Effective challenge is grounded in empathy and allows the supervisee to examine alternative perspectives or uncover information they may have selectively disregarded" (Cutliffe and Epling 1997). According to O'Neill (2004) challenge in supervision means setting new goals in order to improve and do better – "Being challenged in a respectful manner is sometimes the most supportive thing that can be done for another" (O' Neill 2004 p.25).

While it is important for supervision to be supportive, supervision in itself should not be the only form of support available to staff.

Reflection

Reflection is well recognised as being an important component that contributes to the effectiveness of supervision. Reflective practice is the process of critically evaluating what we do in our daily work and is a means of developing self-aware professionals who possess the maturity and insight to learn from their experiences – the positive experiences as well as those which require improvement (O Neill 2004). Participating in supervision provides the opportunity for reflection on the detail of day-to-day practice as well as on any significant events which may have occurred. Reflecting on practice with another can lead to greater objectivity through exploration and feedback.

The AOTI Continuing Professional Development Portfolio provides a useful tool - the CPD Reflection Form – to help reflect on both planned and unplanned learning experiences. It recommends that a portion of supervision time is dedicated to CPD planning and reflection and that a minimum of one reflection form is completed per month.

Feedback

"Giving and receiving feedback on a regular basis are two of the most powerful but underused tools available in supervision" (Morrison 1996).

Feedback underpins learning in supervision and is considered a vital component of any supervisory partnership. Feedback should be seen as a two-way process with both participants sharing responsibility for its effective use. Too often feedback is perceived as being the responsibility of the supervisor alone – it is the responsibility of both and the contracting of supervision should set out the expectations for how feedback will be provided. The supervisor should request feedback from the supervisee about the process of supervision, his or her style as a supervisor and the content and climate of the supervision sessions. Furthermore the supervisor should give feedback to the supervisee on the process as a whole and on his or her performance as a therapist and as supervisee (Sweeney et al 2001c).

Effective feedback should be a seamless and natural component of every supervision session. It requires "a culture of mutual respect and acceptance where both participants value what the other says and are open to learning from it" (O'Neill 2004, p.81).

Training in Supervision

Training plays an important role in enhancing the quality and effectiveness of professional supervision and training for supervisees in how best to participate in supervision is as important as training for supervisors in how to provide it (Bond and Holland 1998).

Apart from attending a training course there are many other ways in which supervisors and supervisees can enhance their skills including reading relevant books and articles, reflecting on the supervision offered and being supervised themselves (Hunter and Blair 1999). Hawkins and Shohet (2006) argue that "the best learning on how to supervise emerges from actual supervision" (Hawkins and Shohet 2006, p. 215). They suggest that receiving effective supervision as well as, over time, having supervision from more than one supervisor are important steps to becoming a skilled supervisor. Furthermore, it is important that the supervisor is supported and guided in providing supervision by

being given the opportunity to explore and reflect on their practices in their own supervision sessions (Sweeney et al 2001c). Gaitsell and Morley (2008) point to training, ongoing support and strong role models as requirements that embed the functions of supervision into practice.

Conclusion

This document outlines a clear rationale for why Occupational Therapists should engage in supervision and incorporate supervision into practice. It is an equally useful resource for those with managerial responsibilities when setting up and maintaining supervision systems and for those Occupational Therapists who participate in the supervision process. For new graduates entering the workforce, the document offers clear guidelines on what to expect from supervision. In all cases, the document offers comprehensive and practical guidelines that are applicable in a variety of organisational structures and which contribute to promoting quality occupational therapy standards of practice.

In conclusion, the continuity of a discipline specific professional supervision system is considered to be essential to ensure that the profession is supported to work competently, safely and within its scope of practice. Professional supervision delivered by Occupational Therapists for Occupational therapists is also considered essential to maintain confidence in the profession's occupationally focused identify. It is proposed that a discipline specific, professional supervision system embedded into the organisational structure and management of all teams should be considered best practice to progress a culture of accountability, reflection and continuing professional development. As such, professional supervision as outlined in this AOTI document enables and progresses the delivery of safe and quality Occupational Therapy Services to the public by Occupational Therapists who are facilitated to grow through learning, reflection and responsibility.

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Useful links:

http://www.lenus.ie/hse/handle/10147/42694. OHM Personal Development Planning: Guidelines and Workbook 2003.

http://www.lenus.ie/hse/handle/10147/65275 Therapy Project Office Occupational Therapy Competencies 2008.

http://www.lenus.ie/hse/handle/10147/65279 Therapy Project Office Occupational Therapy Individual CPD Planning Tool 2008.

Appendix 1:Project Process

In April 2009, a working group representing managers and senior grade Occupational Therapists was established as part of the annual action plan for the National Occupational Therapy Managers Advisory Group. The overall aim of the working group was to produce a document that would clarify the purpose of professional supervision for occupational therapists in Ireland and which would provide the profession with guidelines for good practice. From within the group, one member had a wealth of practical knowledge and expertise in the area of professional supervision and therefore, she took the lead in writing the main body of the text, while another member took on the role of co-ordinator. The remaining group members fulfilled the important role of guiding the development of the document and of bringing differing perspectives from their various work contexts. Progress updates were given to the National Managers Group on a regular basis.

Consultation

External feedback was sought from Eileen O'Neill, an author and trainer with expertise in the area of professional supervision. The document was also circulated to the Continuing Professional Development Advisory Group of AOTI for consultation. All this external advice and feedback informed amendments to the document.

The final draft was circulated to all of the members of National Manager's Group as part of the validation process. Feedback was sought via an online 'survey monkey' questionnaire. Managers were asked to pass on the draft document to their staff to ensure that feedback from all grades was represented. While there was a low response to this request, the outcomes were positive in terms that therapists found the document to be easily read and agreed that it fulfilled its stated objectives. Useful comments were added in relation to the need for more practical information on how best to deliver supervision in services where staff are geographically isolated, especially within the context of travel restrictions. There were also requests for more evidence based study of the effectiveness of phone supervision over face to face contact. It is felt that these are areas that warrant further exploration in the future, as they represent both new and real challenges faced by Occupational Therapists in expanding service delivery models.

Working Group Membership

Aine Clyne, (Co-ordinator),	Occupational therapy Manager, Mental Health Services, Dublin North Central
Liz Daly, (Lead Author),	Senior Occupational Therapist, St James Hospital, Dublin 8
Suzanne Kiely,	Occupational Therapy Manager, HSE, PCCC, Co Meath
Jean O'Sullivan,	Occupational Therapy Manager, HSE, PCCC, Dublin North
Clare Gallagher,	Occupational Therapy Manager, HSE, Mental Health, Dublin North

Appendix 2:   Professional Supervision Contract

To implement the Professional Supervision Policy and Procedures of the

……………………………….. Department, ………………………………. the following

details have been agreed:

Location of meetings   _____

Frequency of supervision   _____

Duration of meetings _____

Review arrangements and date(s)   _____

The following aspects of the Supervision Policy were clarified:

- Definition, purpose and functions of supervision

- Our distinct responsibilities in supervision

- Boundaries / confidentiality

- Recording of supervision

- Agenda

- Circumstances that allow for the postponement of a supervision meeting

- Procedure to follow in case of difficulties arising between us which we cannot resolve

Any other specific requirements/needs

_____

_____

_____

_____

_____

_____

Signed: _____ Supervisee   Date: _____

Signed: _____ Supervisor   Date: _____
(Source taken from *Professional Supervision Pack,* Occupational Therapy Service, St. James Hospital. Dublin 8)

Appendix 3:   Sample Professional Supervision Record

Supervisor _____ Position _____

Supervisee _____ Position _____

Date of supervision meeting: _____

Supervisee's agenda	Supervisor's agenda

Follow-on items from last meeting:

_____

_____

_____

_____

Summary of discussion:

_____

_____

_____

_____

_____

_____

_____

_____

Decisions made:	Responsibility	Date

Signed: _____ Supervisee   Signed: _____ Supervisor

Appendix 4: Supervision Transfer Form

When changing supervisor within the department this form is to be completed between the supervisor (to date) and the supervisee together on conclusion of their supervisory partnership. This completed form should then inform the agenda at the first meeting between the supervisee and his/her new supervisor. Following this the form is kept with the new supervision records.

Supervisee: _____   Supervisor: _____

Date of first Supervision: _____   Date of final Supervision: _____

1.   Summary of main areas covered in Supervision (identify any particular issues, difficulties, skills and strengths)

2.   Current areas being considered

3.   Points for ongoing development/ attention in the new supervisory partnership

Signed: Supervisee: _____   Date: _____
              Supervisor: _____   Date: _____

The above has been discussed with the new partners:

Signed: Supervisee: _____   Date: _____
              Supervisor: _____   Date: _____

(Source taken from O' Neill E. (2004) *Professional Supervision: Myths, Culture and Structure.* RMA Publications, Co. Tipperary)