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Mapping effective interprofessional supervision practice

Allyson Davys, Christa Fouché , and Liz Beddoe

Faculty of Education and Social Work, University of Auckland, Auckland, New Zealand

ABSTRACT

Interprofessional supervision, when the supervisor and supervisee belong to different professions, is a break from traditional supervision practice. A qualitative study of the interprofessional supervision practice of 29 experienced supervisors and supervisees identified five components of interprofessional supervision: ideal prerequisites, qualities, relationship, the supervision session, and other professional relationships. Reports of interprofessional supervision practice were considered alongside recordings of actual supervision sessions. From this data, and in collaboration with the participants, a map was developed to guide effective interprofessional supervision practice. When chosen by the supervisee, interprofessional supervision strengthened professional identity and provided a catalyst for new ways of working.

KEYWORDS

Interprofessional supervision; supervision relationship; diversity; professional identity; supervision training

Professional supervision is central to the work of many professionals who are employed in the health, psychological, and social services and traditionally takes place between two individuals, a supervisor and a supervisee, who share the same professional background and training (Bogo & Paterson, 2015; Davys & Beddoe, 2015; Priddis & Rogers, 2018). Interprofessional supervision (IPS) which, at its most basic definition, occurs between a supervisor and a supervisee who do not share the same profession or training, is thus a break from that tradition. Townend (2005) offered the following definition:

Interdisciplinary [interprofessional] supervision can be defined as two or more [practitioners] meeting from different professional groups to achieve a common goal of protecting the welfare of the client. This protection is achieved through a process that enables increased knowledge, increased skill, appropriate attitude and values ... to maintain clinical and professional competence. (p. 586)

Different professions attribute a range of understanding and definition to the activity of supervision (Kelly & Green, 2020; Sewell, 2018), adding complexity to supervision that straddles professions. According to Wonnacott (2012), one of the dividing factors in definitions of supervision between professions is the “degree to which the supervisor has management accountability for the work which is being undertaken” (p. 22). Similarly, Bond and

Holland (2010) described a continuum reflecting the manner in which different professional cultures explicitly value “management monitoring” on the one hand and “therapeutic use of self” on the other (p. 36). A corresponding division identifies those who are the recipients of supervision, the supervisees. In some professions, supervision is structured as a hierarchical activity, involving evaluation, monitoring, and education, and is required only for students and new graduates to ensure the development of safe and competent practice. Meanwhile, other professions regard supervision as a feature of career-long learning and reflection regularly accessed regardless of the professional’s experience, role, or seniority (Davys & Beddoe, 2010). In these situations, whether internal or external to the organization, the supervision participants remain accountable to their respective organizational and professional standards and policies but the supervision itself does not include routine assessment or monitoring.

Participants of IPS arrangements must therefore take cognizance of differing definitions of supervision, understanding of accountabilities, and focus and task. Carroll (2014), reflecting on his involvement in supervision with practitioners of different “professional orientations and cultures,” commented this forced him to review what he means by supervision and how supervision differs, “and should differ,” when applied to each new context (p. 4).

Despite these challenges, IPS is not new and the past two decades have seen increasing acceptance and practice of this mode of supervision (Beddoe & Howard, 2012; Carroll, 2014; Hair, 2013; Hutchings et al., 2014; Kelly & Green, 2020; Launer, 2018). The literature on IPS, however, remains sparse (Beddoe & Howard, 2012) and, as an area of supervision, it has not been extensively researched (Bostock, 2015; Holton, 2017; Hutchings et al., 2014). IPS, Bostock (2015) noted, “is an area where practice is ahead of the research; few studies have investigated how best to deliver effective supervision across disciplinary boundaries” (p 15).

Researchers to date have largely considered participant accounts of IPS in specific professions (Beddoe & Howard, 2012; Berger & Mizrahi, 2001; Hair, 2013; Hutchings et al., 2014) or specific practice contexts (Bogo et al., 2011; Strong et al., 2004; Townend, 2005). From these studies IPS has been identified as the supervision mode of choice for many participants, and supervisees have reported being satisfied with the supervision they received (Beddoe & Howard, 2012; Hutchings et al., 2014). Reported benefits of IPS included development of deeper and richer levels of skill (Beddoe & Howard, 2012; Bogo et al., 2011; Hutchings et al., 2014; Townend, 2005), improved critical thinking and opportunities to introduce more creativity into practice (Beddoe & Howard, 2012; Bogo et al., 2011; Hutchings et al., 2014; Townend, 2005), and transformative learning and development of professional identity (Holton, 2017). IPS was considered to help guard against complacency (Townend, 2005) and to challenge assumptions of practice (Crocket et al.,

2009; Hutchings et al., 2014). The critique provided by the “external eye” of a person from outside the practitioners’ profession was valued, as was the ensuing increased understanding of other professional perspectives (Crocket et al., 2009; Hutchings et al., 2014; Townend, 2005). In the work context, IPS was reported to be helpful to multidisciplinary work through the development of better relationships between professionals and a greater understanding of different roles and responsibilities (Crocket et al., 2009; Hutchings et al., 2014; Townend, 2005).

Conversely, concerns were expressed regarding the potential for IPS to erode professional identity (Mullarkey et al., 2001) and fail to provide safe and accountable practice (Beddoe & Howard, 2012; Crocket et al., 2009; Hutchings et al., 2014; Simmons et al., 2007; Townend, 2005). The lack of common professional knowledge, experience, skills, and context were seen as problematic (Bogo et al., 2011; Hutchings et al., 2014; O’Donoghue, 2004; Strong et al., 2004; Sweifach, 2017; Townend, 2005), as was a lack of awareness of new profession-specific developments (Bogo et al., 2011). IPS was not considered an appropriate form of supervision for students (Pollard et al., 2006; Yang et al., 2017) nor for those newly graduated into their profession (Beddoe & Howard, 2012; Bogo et al., 2011; Crocket et al., 2009; Simmons et al., 2007).

Gaps however were noted in these studies, including observations that there are neither sufficient guidelines for the establishment of IPS relationships nor a framework for practice (Bogo et al., 2011; Bostock, 2015; Hutchings et al., 2014; Simmons et al., 2007).

In this study, my primary aim was to explore, describe, and map the ways participants of IPS work with each other and engage in supervision practice. The second aim was to consider how difference was identified, managed, and employed within these interprofessional relationships. I report how 29 research participants viewed and managed their IPS relationships and present the attributes, processes, skills, and structures that underpinned their IPS practice as a model for effective IPS.

Methods

I situated this project within a social constructionist epistemology, employed qualitative research methodology, and designed it to be sequential. My aim was to recount how participants of IPS understood and practiced supervision and how difference of profession was managed in these relationships. With this focus, and using the methods described below, I provide an empirical account of IPS practice, present guidelines for developing the IPS relationship, and offer a framework for IPS practice. In doing so, I have begun to address some of the gaps identified in the literature. The research, which had ethical approval from the University of Auckland Human Participants Ethics

Committee, was located in Aotearoa New Zealand, considered five professions, and had four phases.

In phase one I identified the broad regulatory and professional context of supervision for the counseling, nursing, occupational therapy, psychology, and social work professions. To do this, I examined relevant legislation, reviewed respective professional and regulatory board policies, and conducted semi-structured interviews with members of those regulatory and professional bodies. The five professions were chosen for two reasons. Firstly, in Aotearoa/NZ they represented a range of positions on such variables as professional registration, the legislation under which the profession operated, supervision mandate, and policy. Secondly, previous researchers identified members of those professions to have participated in IPS (Beddoe & Howard, 2012; Berger & Mizrahi, 2001; Crocket et al., 2009; Hutchings et al., 2014; Townend, 2005). Phase one set the broad context for the research; those findings will be reported elsewhere. Phases two, three, and four were sequential in design and are reported here.

Practitioners were recruited to phase two of the research through purposive and snowball sampling. To elicit knowledgeable research conversations, I sought expert informants who had both practical and theoretical experience of professional supervision and who were engaged in IPS. In Aotearoa New Zealand many professions require their members to participate in career-long supervision regardless of their experience or seniority. All supervisors from such professions thus must also engage in supervision as a supervisee. Research participants in this study therefore could be either a supervisor or a supervisee. To meet the two research criteria, however, they had to have both supervision training and experience, and they had to be currently in a supervision relationship with someone from a different profession. Invitations to participate were posted on professional networks and 29 respondents met the criteria. Reflecting the demographics of previous research, 28 respondents aligned with the five professions examined in phase one. The remaining participant (non-regulated worker) was employed in the social service sector but was not a member of a regulated or recognized profession.

I conducted semi-structured interviews with the participants. The interview questions, provided to the participants in advance, explored their experience of IPS (as either a supervisor or a supervisee), the values or beliefs which influenced their choice of IPS, and what they considered to be the benefits and challenges of IPS. They were asked to describe what processes, skills, and structures were employed to bridge the differences encountered in supervision across professions. Finally, I asked them to identify the extent to which IPS differed from same profession supervision. The interviews, ranging from 60 to 90 minutes, were digitally recorded and transcribed. Twenty-two interviews were conducted face-to-face, six via Skype, and one via telephone.

I chose thematic analysis, “a method for identifying, analyzing and reporting patterns (themes) within the data” (Braun & Clarke, 2006, p. 79), as the most suitable method for data analysis. This method of analysis was layered and iterative and proceeded in several stages: 1) carefully listening to the audio recordings; 2) reading the transcripts on hard copy and making notes in the margins; 3) a second more focused reading to cluster ideas, with more notes and sections highlighted; 4) reading electronically and highlighting passages with reference to the hard copy notes; 5) uploading the electronic transcripts onto NVivo, a computer-assisted qualitative data analysis software package (CAQDAS) and coding the transcripts into NVivo via a fourth reading, producing codes and sub codes; and 6) surveying and reworking codes, joining some minor codes together and renaming others to form new categories. Throughout this process I endeavored to hold certain questions in the fore: “How does this data inform me of how the participants of IPS work with each other and engage in supervision practice?” “What does this tell me about the beliefs and values which underpin this practice?” “How is difference perceived and managed?” I organized tentative themes at this point and revisited the transcripts to test and support these preliminary themes. I took care to ensure that the theme was indeed a theme and not a collection of responses to an interview question (Braun & Clarke, 2006, p. 85). Three themes were constructed: Choice and the development of the professional self; Interprofessional supervision: a structured process; Diversity as a vehicle for learning.

At the completion of the phase two interviews, I invited the participants to join the third phase of the research and provide live audio recordings of IPS. Seven volunteers provided eight digital recordings. These recordings were transcribed and thematically analyzed in a process similar to that used in phase two. Three themes were constructed from analysis of phase three data: Relationship; Professional practice; Managing the difference. Through consideration of the themes constructed from both phase two and phase three, I developed a “preliminary framework of interprofessional supervision.”

In phase four I invited the original participants (expert informants) from phase two to provide feedback and comment on the preliminary framework of IPS. Twenty-three of the 29 phase two participants reviewed this framework via an electronic link and provided written e-mail responses to four open questions: How well does the framework reflect your understanding and practice of IPS? What is missing? What would you like to remove or modify? How does this supervision differ from same-profession supervision?

I employed member reflections, a method congruent with the social constructionist epistemology of the research, to collect data at this phase. Using member reflections, participants may introduce new perspectives which deepen analysis and, as such, “member reflections are less a test of research findings as they are an opportunity for collaboration and reflexive elaboration”

(Tracy, 2010, p. 884). The data (responses) from phase four were initially ordered according to the four questions (descriptive analysis). Within each question I then grouped responses using thematic analysis and subjected them to the same process of coding, review, and revision as in previous phases. From this, I constructed the Map for Interprofessional Supervision (see Figure 1).

Trustworthiness

Trustworthiness refers to the degree to which a qualitative study genuinely reflects participant perspectives through its design (Denzin & Lincoln, 2018). Data triangulation and member checking were two of the main elements used in this study to help establish credibility and contribute to trustworthiness. The study included two sources of data collection, interviews (phase two) and live observations (audio recordings – phase three). Member reflection (phase four) enabled validation of coding and informed the development of the IPS model, thereby contributing to trustworthiness.

Additionally, confirmability was established through an audit trail. I conducted the research to meet the requirements for a Doctor of Philosophy. The second and third authors were doctoral advisors. My



Figure 1. A map for interprofessional supervision.

assumptions – that IPS is an organized professional activity, that “difference” will be a factor to be managed, and that the research participants will be knowledgeable about supervision – were bracketed early in the research supervision meetings. The data analysis and coding were audited by the two doctoral advisers. This helped to confirm that the research study’s findings accurately portrayed participants’ responses.

Context and demographics

In Aotearoa New Zealand the professional and/or regulatory bodies of all the professions represented by the participants, except for nursing, require their members to engage in regular post-qualification supervision. IPS is accepted, albeit with varying degrees of enthusiasm, as a mode of supervision for more experienced professionals, but all bodies impose a caveat on IPS for students and new graduates. The Nursing Council of New Zealand (NCNZ) the regulatory body for nursing in Aotearoa New Zealand, however, portrays supervision as a vehicle by which competence is developed, monitored, and repaired, but not maintained. In other words, supervision is for students, those new to practice, and those whose practice is deemed incompetent or unsatisfactory (Nursing Council of New Zealand [NCNZ], 2012). An exception is those nurses who work in the specialty of mental health. These nurses are expected by their college to engage in post-qualification supervision (Te Ao Māramatanga New Zealand College of Mental Health Nurses, 2012). Of the seven nurses who participated in the research, one worked in mental health. The six other nurses in the study thus engaged in supervision through personal choice rather than professional requirement.

Participants

Four of the 29 phase two participants both provided and received supervision from someone from another profession and so contributed to the study from both roles, supervisor and supervisee. This brought the total responses in phase two of the research to thirty-three, nineteen supervisors and fourteen supervisees (Table 1). Apart from one dyad (supervisor and supervisee), participants were not engaged together in supervision and thus the IPS experiences described were largely independent of each other. The youngest age range of participants, 31 to 40 years, was reported by 5% of supervisors and 14% of supervisees, while the oldest age grouping, 61 to 70 years, comprised 7% of supervisee and 31% of supervisor participants. The age range 51 to 60 years was the most reported and accounted for 42% of supervisors and 43% of supervisees. Supervisors recorded between 11 and 50 years of professional practice with 12 (60%) having more than 20 years’ experience. Supervisees’ practice experience spanned 5– 40 years, with six (43%) stating more than 20 years. Supervisors indicated up to 30 years of

Table 1. Participant professional groups and role.

Supervisors (R) (<i>n</i> = 19)	<i>n</i>	Supervisees (E) (<i>n</i> = 14)	<i>n</i>
Counselor (C)	4	Counselor (C)	1
Counselor/social worker (C/SW)	1	Counselor/social worker (C/SW)	2
Counselor/social worker/teacher (C/SW/T)	1	Non-regulated workforce (Non)	1
Counselor/supervisor (C/S)	1	Nurse (N)	3
Mental Health Nurse (MHN)	1	Nurse Educator (N/E)	1
Nurse (N)	1	Occupational therapist (OT)	3
Nurse/counselor (N/C)	1	Psychologist (P)	1
Occupational Therapist (OT)	3	Social Worker (SW)	2
Psychologist (P)	4		
Social Worker (SW)	2		

*One counselor/social worker, two occupational therapists, and one psychologist responded as both supervisor and supervisee.

**The participants are identified in the text by their profession(s), role of supervisor (S) or supervisee (E) and a unique participant number.

engagement with IPS, with seven (37%) having more than 15 years' experience. No supervisee reported more than 15 years' experience of IPS. Apart from three supervisees who worked for non-governmental organizations (NGO), all participants worked in either health, tertiary education, and/or private practice. Of note, whereas only one supervisee (7%) was in private practice, 15 (79%) supervisors worked in private practice. Of these supervisors, nine (48%) were also employed in either the health or the tertiary education sectors while the remaining six (31%) operated solely in private practice. A majority of participants (74% of supervisors and 71% of supervisees) were engaged in supervision external to their organization. Apart from one supervisor who provided both external and internal supervision, the remaining participants identified supervision arrangements with a person from within their organization.

Supervisees named counseling, nursing, psychology, physiotherapy, psychotherapy, and social work as the primary profession of their current inter-professional supervisor but there was a clear preference for supervisors who held a counseling qualification. Two of their IPS supervisors were identified as having counseling as their sole profession and four had a counseling qualification in addition to other professional qualifications and training. Supervisor participants on the other hand named a diverse group of IPS partners; their supervisees came from a broad range of professions, social or human service sectors (often non-regulated), and managers from both corporate and social service sectors.

Findings

The findings from phases two, three and four of the research are reported here. Citations from participants support each phase. Participants' role and profession are explicated in *Table 1 Participant Professional Groups and Role*.

Phase two

I constructed three themes from phase two interview data: Choice and the development of the professional self; Interprofessional supervision: a structured process; and Diversity as a vehicle for learning. These themes and any subthemes are described below.

Choice and the development of the professional self

Although IPS was not the first choice for two participants, all participants chose their supervision partner. This freedom to choose was regarded as important. Supervisees noted that at times choice was shaped by a quest for specific skills, knowledge, or attributes which they identified as being held by the supervisor: “Why I chose psychotherapy . . . I really like their depth of processing, understanding relation dynamics and I like the theoretical understandings that they bring” (C/SW E1). At other times supervisees’ choice rested on a more general wish for challenge and development: “It was really clear that she did bring something different . . . which I kind of felt I needed. It was like a breath of fresh air. It was a perspective that I really appreciated” (SW E2).

A solid professional identity was considered necessary for both supervisors and supervisees. Participants described IPS as a stage on a journey for supervisees, where two indicators for readiness of this stage were the acquisition of practice expertise and the associated development of professional identity. IPS was reported to deepen both supervisees’ and supervisors’ existing sense of understanding and appreciation of their own professions. When describing their practice to someone who was not from the same profession, one supervisee explained, “I have to get really clear about what it is that I’m talking about . . . I think that is the beauty of interprofessional supervision though. I think it gets you really solid about what your profession is” (NE E8). A supervisor noted, “It makes you think about your own profession as well and it does open your eyes to others’ perspectives” (N R9). A secure professional identity allowed one supervisee to welcome challenge:

So, I probably take a really deep seated knowing of who I am in that space into supervision, and I guess that what I am looking for in supervision is to be challenged and to have a space to think about, you know, at another level, from a pair of eyes that are not deeply embedded in that profession. (C E6)

Experience in their own field of practice was important for both supervisors and supervisees. IPS was therefore not recommended for students or those new to practice: “I think that when junior OTs come out, I think that they should be supervised by an OT” (OT E5).

Interprofessional supervision: a structured process

Role clarity. Supervisors, participants said, needed training in supervision to help maintain a clear understanding of their role as supervisor: “I think you need to be qualified and know about the whole dynamics of supervision” (Non E12). Two situations were identified where role seepage could occur. The first was where the supervisor regarded the practitioner as a client, not a supervisee. One participant described how she reinforced and clarified the supervisor’s role. “So, I would identify myself as a supervisor . . . one of the first things I say is ‘I don’t do counseling’” (C/SW R13).

A more critical need to manage role seepage was highlighted in situations where supervisors operated from a discipline-informed rather than a supervision-informed focus. Participants described situations where supervisors, failing to respect different professional scopes of practice and knowledge, viewed and critiqued the supervisee’s practice through their own profession’s lens:

So, I think there is the massive risk that if there are professions that aren’t trained [in supervision] then they are going to be expecting clinical practice based on their paradigm and it destabilizes a different profession. (OT R16)

Fit. When initiating an IPS relationship, participants highlighted the importance of an initial supervisor-supervisee meeting to determine whether the proposed relationship had the potential to meet the supervisee’s needs, and for both parties to affirm that there was an appropriate “fit” of expectations, skills, values, and personality: “At the end of the day I mean probably the choice of the individual might be more important to me than the choice of the profession” (OT E9). Supervisors stressed the importance of this being a mutual decision:

Part of that is a gut feeling, and honesty is a large part of that and rapport. . . . There’s the personal, the fit of the person and then there’s the fit of the profession and skill requirements to my background. So when it comes to the fit of the person to person, there’s the need to feel trust in both directions. I can trust that person and they can trust me, would be number one. (C/SW R13)

Contracting for supervision. Having met to establish “fit,” the participants described a process, or conversation, whereby they negotiated and agreed how they would work together. In essence they developed a supervision contract. Although these contracts included issues that were similarly included in same-profession supervision agreements (confidentiality, recording, frequency, power, and review), particular attention was given to the interprofessional span of the supervision, with a focus on areas of difference and strategies to address this. Participants saw this conversation as setting the ground rules

for how these differences would be addressed and as laying foundations for a respectful and collaborative supervision process where the supervisee's opinions would be valued:

I have a very strong view about things being different and not right and wrong, and so we had that discussion quite early that we might hold those different views and it is one of exploring the difference and the meaning of it and different perspectives . . . the value of different perspectives in a situation. (N/C R7)

Critical to the contract negotiation was acknowledgment of the affiliation and accountability which each participant held to their individual profession. Participants addressed this in two ways. First, the codes and practice standards to which each party (supervisor and supervisee) were professionally accountable were identified and discussed: "So, a conversation around what is important in terms of nursing conduct and ethics and professional obligations . . . and how we might navigate that in terms of this was professional supervision, but it was across disciplines" (NE E 8). Second, lines of professional accountability were identified. Who was the person(s) to whom the supervisee was professionally and clinically accountable? One supervisor believed that interprofessional supervision "would need to be complemented by someone that has that practice wisdom and that professional wisdom" (SW R19). Another supervisor required all her IPS supervisees to also have same-profession accountability and support: "and one of my rules is they have to have another form of support or supervision that is specific to their [profession]" (P R14). Eleven of the 14 supervisees (79%) had other forms of supervision, meetings with clinical/practice leaders and/or managers, and 90% of supervisors could identify an adjunctive supervision type relationship with which their supervisee(s) engaged. These relationships were variously named clinical same-profession supervision, peer or collegial support, consultation, and/or management supervision/accountability for profession-specific practice.

Process. IPS was described by participants as a neutral space, or a learning place where supervisees could safely and honestly reflect and where their professional development and growth were supported. Agendas were set at the beginning of each session by the supervisee and generally concerned the processes of practice, the structures and systems of practice, the supervisee's self-management, self-care, relationship-management, and professional identity. The IPS session was said by participants to be supervisee driven and facilitated by the supervisor, who used affirmative, reflective enquiry. Supervisors were reported to assist supervisees in identifying and working from within their professional knowledge, ethics, and standards of practice.

I am creating that space for them to reflect and work within their scope of practice, which I need to be aware I may not fully understand. So, I have to be guided with them and their knowledge and the understanding of their scope of practice and their level of experience. (OT R18)

The responsibility to ensure that relevant professional accountability and professional responsibilities were covered was thus shared between supervisor and supervisee.

I don't think it matters if it's a nurse or OT, I'll say, 'I want you to go back to your OT process.' I've said it to the nurse, 'I want you to go back to your nursing process. What would you do?' (OT R16)

Participants described professional development in IPS at a level beyond the details of clinical practice. IPS considered the "how" of practice rather than the "what" of practice:

The work is almost secondary to how they do the work. So, what I'm supervising is, yes, we are talking about how to manage situations, but actually it is managing themselves in that situation and growing that skill base, confidence, ability to be reflective, ability to understand themselves. (P R14)

"So, that supervision, for her supervising me, that would be slightly different in that her work is not around developing my actual nursing practice but my professional identity and my ability to do my nursing practice well" (NE E8).

Skills. A range of skills and interventions were used by the interprofessional supervisor. Almost without exception, each participant identified open questions and reflective listening as the foundation of their supervision processes. "Just the reflective skills. So, the open questions, the active listening and the minimal encouragers, the prompts to keep them talking about the issue" (SW R19). Many supervisors described their supervision practice, and the types of questions they asked, as being based on reflective learning models of supervision. "With the other professions, yeah, I'm more likely to use, you know, reflective learning model" (SW R8). Other skills identified included challenge, attentive listening, paraphrasing, summarizing, affirmation, feedback, reframing, management of power, and management of difference.

Diversity as a vehicle for learning

Difference, which at times created the uncertainty of not knowing, also prompted the participants to be curious and to explore. As Ruch (2009) reminded, not knowing is key to the promotion of critical reflection. The ability to tolerate not knowing was identified as a core attribute in IPS. Supervisors described taking a position of openness. "I would take an attitude of being humble, of asking questions when I don't understand or don't know, and engaging in appreciative inquiry, and bringing the difference into the conversation in a very open and deliberate manner" (C/SW R13). "If I say 'what do you mean by that?' And they've got to account for it, sometimes it gives them the possibility of critiquing what they are doing" (C S6).

Supervisors and supervisees both reported that they valued and welcomed the opportunity to view their professional world from different perspectives and that they learned from the IPS exchange. “Absolutely, and the difference might bring value for either of us in how we see something, in the skills that we take away, the understanding we take away from the discussion” (N/C R7). As described by one supervisee, difference was a source of stimulation, excitement, and growth. “I’m not into ‘you’re this and I’m that.’ I’m into ‘we share common ground’ and if we don’t, you know, how exciting is that? Let’s explore” (C/SW E3).

When differences were uncovered, participants recounted conversations which were inclusive and collaborative, and which acknowledged the value of a range of approaches. Difference, participants said, assisted them to avoid what was described as the trap of making assumptions. When supervised by a supervisor from a different profession, supervisees found that the supervisor’s not-knowing and curiosity were beneficial:

... with a supervisor from a different discipline, they are more likely to ask about ‘why do you do it that way?’ Whereas, you know, when you are inside the profession you are probably just making an assumption that ‘it’s done that way because that’s the way it’s done.’ (C E6)

Difference thus created a platform for questions, clarification, and challenge which extended the supervisee and promoted deeper understanding and critique.

The supervisors spoke of how working with different perspectives developed their supervision skills: “... knowing that I could meet their needs and feeling quite excited about being able to do that and sort of stretching myself and doing something to build on what I was already doing” (C/SW/T R4). The greater focus on the process of supervision was noted and appreciated:

It is probably a little bit more stimulating at times, just because I’m interested in the supervision process and how the supervision process works. And because of that, that is highlighted in interprofessional supervision for me as a sort of ‘how am I working here, how is this working and what do I need to be doing in this scenario?’ I’d be thinking more about that so that keeps me on an edge and hopefully then that is the experience for them too. (P R12)

Research participants identified the benefits of IPS for supervisees: richness of skill development, development of critical thinking, challenges to assumptions, and appreciation of diverse perspectives. Supervisors valued the opportunity to stretch across difference and the mutuality of the learning. The challenges identified included the need to ensure that supervisees’ clinical practice met professional standards and accountabilities, and the need for supervisors to be competent supervisors, secure in their professional identity, and with a broad contextual understanding of professional practice and differences.

Phase three

Phase three of the research examined eight recorded live IPS sessions. Three themes were constructed: Relationship; Professional practice; Managing the difference.

Relationship

Strong relationships were demonstrated between the participants in the recorded IPS partnerships. The supervisors conveyed interest, curiosity, and respect for the supervisees through focused listening, as well as regular and detailed paraphrasing and summarizing. They demonstrated attention to the supervisee's narrative through identifying and connecting issues, ideas, and themes. "I am reflecting on our conversations throughout this year and since you started in this role. You talked about this colleague right from the beginning and several times. So this – is this eating away at you so to speak?" (C R recorded partner1). The supervisors provided unsolicited and specific positive feedback to the supervisees. "The way you approach your work is the bit that I admire the most, you know, like in terms of your drive to make it right and meaningful for people but also for yourself" (P R14). Generous and spontaneous affirmation peppered the conversations conveying positive regard and respect. "Fantastic, what a great question" (C R recorded partner2).

In these recorded sessions the supervisees demonstrated ease and trust. They shared their agendas and issues with openness and candor, a willingness to disclose anxieties, vulnerability, uncertainty, and, on occasion, strong emotion. "I guess the biggest part is, I don't actually think I've got their respect anymore" (N E7). "So, that just caused this huge tension and it made me feel very upset and I realized that one of the reasons I felt very upset . . . I find confrontation really hard" (N E14). An explicit focus on supervisee wellbeing and self-care reinforced the supportive quality of these relationships. "How are you looking after yourself in this uncomfortable process?" (C R recorded partner1). "And we will have a usual standing item which is your general wellbeing and how things are going for you" (P R recorded partner 3).

Professional practice

Supervisees provided the material for discussion and led the agenda setting in the recorded sessions where the broad focus was on supervisees and their professional practice. Supervisee self-care, the most common topic to be discussed, featured in six of the eight sessions. Structural, functional, and relational topics, such as organizational and professional role and professional relationships, were addressed in five sessions. Discussion of theory occurred in four sessions, three sessions considered clinical casework, and ethics were raised in two sessions.

Managing the difference

“I do want to thank you for your part in my practice because you do ask some really good questions, you are really good at sharing resources and networks, you know, because your networks are a bit different” (C E recorded partner 4). This feedback from a supervisee to the supervisor was the only explicit mention of difference in the recorded sessions. “Really good questions,” however, provided the basis for managing difference throughout all recorded sessions. The supervisors employed a wide range of questions which elicited specific information, explored practice, promoted and deepened reflection, and shaped future action. The questions ensured that the supervision discussions focused on the supervisees’ practice.

Phase four

In phase four of the research, a preliminary framework of interprofessional supervision was presented back to 23 of the original phase two participants. I constructed this preliminary framework from the analysis of both the interviews of phase two and the recordings of phase three. I identified five key characteristics: underlying propositions, qualities brought by the participants, the development of the supervision relationship, the structure and process of the supervision session, and access to adjunctive same-profession relationships (supervision portfolios).

Without exception, participants endorsed this preliminary framework as representative of their understanding and practice of IPS. “I really like the visual depiction of the framework which I think is a very good fit to my approach to inter-professional supervision. I think it captures the underlying propositions, skills, and experience required to effectively engage cross discipline” (OT R18). “The distinction between supervision practice as opposed to profession specific practice. This clarifies nicely the issue of maintaining independence in one’s practice and helps prevent the danger of ‘colonizing’ another’s practice” (P R12).

Additional responses and suggestions were offered by participants. These concerned details of the framework such as terminology, suggestions for inclusion of certain skills and qualities, and comments on the organization of the components within the framework. Respondents reinforced the need for supervisees to have training in supervision: “I particularly concur with the added advantage of supervisees having supervision training or even some knowledge of reflective practice and supervision” (SW R8). It was noted that the framework represented a standard of supervision practice which was not always available. “I have young practitioners, both in terms of age and experience, who are expected to participate in interdisciplinary teams and interprofessional supervision (peer and otherwise). It is becoming the norm rather than the exception left only to the experienced” (C/SW R13).

Difference, it was noted, as considered in the framework, was limited to professional difference and needed to be expanded to include gender, ethnicity, sexual orientation, spiritual belief and other identities. “Supervision may be interprofessional, but it is also likely to be cross cultural in a wider sense. I think intersectionality would actually fit really well into this model” (C/SW E3).

The participants’ responses and suggestions were considered and incorporated into the framework which resulted in the construction of the Map for Interprofessional Supervision (Figure 1).

The Map for Interprofessional Supervision detailed five components of IPS which reflected, but amended, those in the preliminary framework. Component one identified the ideal prerequisites for engagement in IPS and encircled the other four components. It noted both the importance of supervision knowledge, training, and competence and the need for each person to have professional practice experience. Components two, three, and four (qualities, relationship, and the supervision session) comprised the core of IPS practice. Though separate, these three components were inter-connected. The qualities identified by participants as contributing to successful IPS were named as authenticity, openness, curiosity, empathy, respect, confidence, courage, humility, mutuality, reliability, professional relativity, willingness to learn, appreciation of diversity, and ability to sit in the mode of “not knowing.” The relationship was based on choice, fit, and negotiation. This in turn affected the structure and process of the IPS session. A range of skills and interventions used by the supervisor emphasized open reflective enquiry, challenge, attentive listening, paraphrasing, summarizing, affirmation, feedback, reframing, management of power, and management of difference (intersectionality). Positioned alongside the supervision session was the fifth component, other professional relationships. This component recognized that professional accountability, professional knowledge, support, emotional resourcing, and professional development do not reside in any one relationship. Other professional relationships validated the importance of a range of different and necessary relationships that support and supplement IPS.

Participants considered how IPS differed from same-profession supervision, and many believed that the characteristics and parameters were shared. “Good question: this framework would equally describe same-profession supervision” (OT R15). Others noted that IPS supervisors avoided giving advice or making assumptions by asking questions, whilst sharing knowledge and the mutuality of learning reduced the power dynamics. “The way of working is supervisee-led and collaborative rather than developmental or expert over” (C R5).

Discussion

Participants in this research were recruited for their supervision knowledge and experience of IPS. This set the research apart from previous studies where

recruitment targeted specific professions or practice contexts. Although the identified benefits of IPS and the ability to choose a supervision partner were congruent with findings from previous studies, findings reflected few of the concerns previously raised. Professional identity in this study was said to be strengthened, not eroded as feared (Mullarkey et al., 2001), while lack of shared professional knowledge and context was clearly acknowledged and was managed through open and shared enquiry. Finally, safe and accountable professional/clinical practice was addressed by means of adjunctive professional relationships. Participants, however, did endorse a caution raised in other studies (e.g., Beddoe & Howard, 2012; Bogo et al., 2011; Pollard et al., 2006; Yang et al., 2017) that IPS was not an appropriate form of supervision for students or new graduates.

From the reports of participants' (expert informants) experiences of IPS and from the empirical examination of live IPS practice, guidelines for the establishment of IPS relationships and a framework for effective IPS were proposed. As such, this study began to address some of the gaps previously identified in the literature (e.g., Bogo et al., 2011; Bostock, 2015; Hutchings et al., 2014; Simmons et al., 2007).

IPS, as described by the participants, accommodated a broad range of different professions, occupations, and areas of employment. In the face of such diversity, IPS was regarded as having discrete boundaries driven from the generic theories and practice of supervision, not from the theories of profession specific practice. Assertions that supervision is a profession in its own right are not new (Bernard, 2006; Falender & Shafranske, 2014; Inman et al., 2014; Sewell, 2018) and this research provided a bird's eye view of the process of organized and structured supervision unaligned to any one professional or occupational context.

Although IPS was at times considered to share features with same-profession supervision, the presence of difference in IPS was the distinguishing element. When the supervisor did not share professional knowledge or framework, they conducted supervision through curiosity and exploration. By drawing out and affirming the supervisee's knowledge supervisors avoided offering advice, instruction, or direction. This opened a space in supervision for reflection and critical analysis. The learning was described as energizing, often mutual, and accommodated a range of perspectives on any given issue.

Limitations

Criteria for inclusion in the research required informants to have both training and experience in supervision and to be currently engaged in an IPS relationship. All of the participants chose their supervision partner and were free to leave if they were not satisfied. There is a caution, therefore, that the IPS discussed in this research is

unlikely to be representative of IPS experienced by all practitioners in the wider workplace. The voices of those who have no choice of supervisor and those who have experienced unsatisfactory IPS are not represented. The Map for Interprofessional Supervision is therefore not the reality for everyone. Health, psychological, and social service workforce supervisors often do not have training in supervision (Beddoe & Davys, 2016; Egan, 2012; Falender, 2018), choice of supervisor is not assured (Davys et al., 2017), and those new to practice can be paired, without consultation, with a supervisor from another profession. The parameters of diversity, defined in the research to consider only difference of profession, may also have constrained the exploration. As noted by some participants, professional difference is only one of several possible differences encountered in supervision. Finally, the research did not canvas the opinions and concerns of the broader context of supervision: organizations, employers, or managers. It was noted that 74% of supervisors and 71% of supervisees were engaged in IPS which was external to the supervisee's organization, but the detail of who funded the supervision and whether the external arrangement had the support of the organization was not clarified in the data collection. This information could shed light onto the attitude of organizations toward IPS and usefully be collected in future research.

Conclusion

The participants were enthusiastic when describing their experiences of IPS. Their accounts highlighted and celebrated the professional diversity each participant brought to the supervision relationship. Both supervisors and supervisees reported that they learned from the supervision exchange and valued and welcomed the opportunity to view their professional world from different perspectives.

The Map for Interprofessional Supervision offers a flexible guide rather than a blueprint for IPS practice. Each IPS relationship is unique, and it is the recognition and respect for difference and the way difference is navigated and negotiated that determines how participants proceed with supervision. The map charts the territory, but the way in which participants prepare for the journey and plan the route will vary as the destination is negotiated between the explorers.

Findings from this research demonstrated that IPS can provide a supervision environment where professional identity and professional integrity remain intact whilst, at the same time, practitioners (supervisees) explored and critiqued their practice. A Map for Interprofessional Supervision constructed through the research process details five components of interprofessional supervision and provides a guide to those who wish to explore interprofessional supervision further.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributors

Allyson Davys has a long-established interest in professional supervision, particularly supervision which spans professions. She teaches a post graduate course on professional supervision at the University of Auckland and runs a private supervision practice. Allyson has coauthored two supervision texts with Liz Beddoe and has recently completed doctoral research on interprofessional supervision.

Christa Fouché is a professor of social work at the University of Auckland. She is a community-based researcher with expertise in advancing workforce capability that impacts practice and policy in real and visible ways.

Liz Beddoe is a professor of social work at the University of Auckland. Her research interests include critical perspectives on social work education and supervision; the study of social work professional identity in host settings, and the experiences of migrant social workers.

ORCID

Christa Fouché  <http://orcid.org/0000-0002-1427-9773>

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