Revitalising supervision education through stories of confirmation and difference: The case for interprofessional learning

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Introduction

Supervision has long been an important component of ongoing learning and development for social workers (Grauel, 2002). Over the past 20 years we have seen the development of a more focused approach to best practice in the health services. Part of that focus has been the inclusion of supervision into practice accountability for many other professions: "helping professions" (Hawkins & Shohet, 2006), nursing (Bond & Holland, 1998), mental health (Scaife, 2001), health (Spouse & Redfern, 2000), physiotherapy (Sellars, 2004). The search to explore best methods for supervisor development has often led health and social care organisations to develop training with supervision educators who have social work backgrounds. Since the 1990s, the authors, both social workers, have been developing teaching and learning approaches for new supervisors across a range of professions.

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In recent years we have facilitated many hours of supervision education for mixed groups of professionals, all of whom shared a purpose: to learn to become effective supervisors. In our reflection on these teaching and learning experiences, we formed the view that interprofessional learning can strengthen a reflective approach by enabling participants to question taken-for-granted professional assumptions, through discussion and exploration of material from diverse practice contexts.

Learning the skills of supervision together, in an interactive learning environment, provides an excellent opportunity to develop the interprofessional respect and collegiality essential to effective service delivery in health

and social care. This article identifies a set of possibilities and challenges for consideration in teaching and learning about supervision practice within a multidisciplinary learning setting.

The accepted wisdom is that social work supervision includes the primary function of education, support and administration. Inherent in functionalist models of supervision is a tendency to minimise the tensions that arise between these functions in the organisational contexts in which social workers practice. Hughes and Pengelly's 'triangle' of supervisory functions (practitioner work, service delivery and professional development) aptly represents these tensions and provides a framework for identification and supportive exploration of practice dilemmas (Hughes & Pengelly, 1997). In some fields of social work, particularly child protection and mental health, the current practice and social climate has encouraged a tendency for risk management and policy compliance to dominate supervision, at the expense of critically reflective practice and learning. In addition, a focus on in-house procedure and decision-making may leave little space for social workers to consider the potential for greater partnership working with other professionals. Supervision provides an opportunity for supervisors to bring a conscious consideration of professional perspectives and assumptions to critical reflection and decision-making.

This article provides a brief review of interprofessional learning for supervision and then goes on to share participants' experiences of learning about supervision in an interprofessional group. (Substantive findings from this study can be found in Davys & Beddoe, 2008). We then present an example from teaching that illustrates the usefulness of this learning environment.

Working together: messages from research

In the first edition of their excellent text for supervision in the helping professions, Hawkins and Shohet (1989) identified the ways in which interprofessional and interagency dynamics could hinder effective services to clients of health and social care services. With reference to a series of case studies, they illustrated the difficulties that can arise when "professionals are not only failing to work together ... but are also enacting some of the typical interprofessional rivalries endemic within and between their roles" (Hawkins & Shohet,1989, p. 124). In social work we do not need much reminding of how often interprofessional and interagency issues can cause problems in care and protection, justice and mental health (Stanley & Manthorpe, 2004). Rivalry, status games and assumptions can all impact on how people work together.

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Underpinning this conflict and rivalry is the history of the development of different professions. Hall, describing the evolution of the health professions, suggests "each profession has struggled to define its identity, values, sphere of practice and role in patient care. This has led to each health care profession working within its own silo to ensure its members ... have common experiences, values, approaches to problem-solving and language for professional tools" (2005, p. 190). During their pre-service education, each group not only learns the essential knowledge and skills for the practice of their profession but they also become socialised

into the values and norms of their vocation. Hall and Weaver suggest that each profession might "attract a predominance of individuals with a particular set of cognitive learning skills and styles" again influencing the thinking and problem solving styles of different disciplines (2001, p. 873).

In recent decades, health and social services have moved towards reducing the problems attendant on rigid professional territories. Smith and Anderson (2008) attribute this focus to a number of factors: the "increasing sense of interdependency arising from the recognition of the holistic nature of needs"; the challenges of working in complex systems; the influence of systems and ecological perspectives; and the recognition of the rights of service users, which "whether driven by consumerist ideas or principles of social justice, required the development of responses which crossed arbitrary organisational boundaries" (Smith & Anderson, 2008, pp. 2-3). Interprofessional learning is one major strategy adopted by some government agencies to meet these challenges.

While interprofessional learning is a major topic of scholarship, research and curriculum development in the United Kingdom, it is not particularly common in New Zealand beyond the health sector, in which it occurs mainly amongst the medical and physical therapies. Interprofessional learning may include undergraduate teaching of pre-service students in health and social care fields and professional development for qualified professionals. In this article it is defined as meaning "those occasions where interactive learning takes place between members of different professional groups" (Owens, Goble, & Gray, 1999, p. 278). This definition is useful in this context as it emphasises the nature of the learning process rather than just the learning outcomes.

Interprofessional education for the supervisor role is an attractive option for both employers and education providers. It enables staff to receive training in more cost effective groups and provides opportunities for organisations to develop coherent policies and consistent practices in supervision across professional groups.

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Recent research in New Zealand examined evidence from a small qualitative study of participants' views on learning in interprofessional supervision programmes (Davys & Beddoe, 2008). The study found that the interprofessional learning environment deepened the exploration and level of understanding about supervision and encouraged participants to question taken-for-granted professional assumptions. The identification of difference between participants was seen to enhance the breadth of learning and participants were challenged to clarify ideas and language. In summary:

> *"Respondents thought that same-profession learning contexts would encourage less diversity of opinion, more assumptions would be made, there would be a greater tendency to lose focus, more advice giving and less reflection. Some expressed an opinion that same-profession groups would increase competitiveness and reinforce hierarchies. There could be more caution about revealing inadequacies." (Davys & Beddoe, 2008, p. 14)*

Our experience in teaching mixed groups of professionals is that when participants work together their differences inevitably create the need for explanation and exploration, often adding depth to the learning experience itself. This is illustrated by one the participants in our study:

> *It was broader than just learning about clinical supervision with other disciplines. I think it's seeing how other disciplines think around supporting or helping others. [nurse]*

Dirkx, Gilley and Gilley (2004, p. 38-39) suggest that for educators to be able to provide professionals with learning experiences that give them "something I can use on Monday morning", there must be opportunity to balance content or technical knowledge with 'stories' that enable people to make sense of new ideas. This assists practitioners to "transform these generalities into useful, practical knowledge, but, in struggling with their application, their experience of practice is also transformed. As one seeks to make sense of new information or technical skills within the concreteness of practice, the meaning of both is reconstructed" (Dirkx et al, p. 39). This can lead to a deeper understanding of one's professional 'lens' with which we see practice, as expressed again by one of our participants:

> *Nursing basically is [doing] such intimate work with people that we still tend to want to do for others and fix it and if anything I hear from other professions about the hands off and letting people do for themselves and enabling, that word ... I hear when I'm listening to other professions ... and I learn from that. [nurse]*

It is our experience that multidisciplinary exploration of practitioner stories can lead to the enrichment of supervision. Participants are encouraged to share ideas, experiences and values in relation to practice scenarios from health and social care, which in turn allows similarities and differences to emerge and to be considered. The discovery of similarities as much as difference develops respect and collegiality. While supervision must have considerable alignment with professional practice guidelines, ethics and agency requirements, the broader focus of supervision allows it to transcend professional boundaries. When supervision is freed from the minutiae of clinical content and procedure, the generic nature of professional supervision practice comes to the fore. It is here that beginning and experienced supervisors find that, regardless of profession, practitioners often bring the same things to supervision: stress, anxiety, conflict, ethical and moral dilemmas, 'stuckness' and so forth. It is here that interprofessional groups, in an interactive learning environment, are able to share their knowledge and experience. This confirmation of common purpose and often shared values about working with people creates a good medium for deeper learning.

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Small group work using scenarios can provide opportunities for stories of confirmation and difference to emerge. There is pedagogical support for the use of scenario material in learning for reflective practice in the professions. From teacher education, Santoro and Allard (2008, p. 174) suggest a number of characteristics of useful scenarios for use in learning contexts:

- Scenarios "should be 'realistic' and reflective of situations that practitioners are likely to encounter in their particular fields".
- Scenarios "based on common themes that emerge from stories of practice" provide familiar content.
- Although using common thematic materials, scenarios must also be sufficiently distinguished from the participants' everyday professional contexts "so that they have the option of voluntarily identifying with the scenario. In this way, they can reflect upon and interrogate their own beliefs and practices with minimum threat to their personal integrity".
- For the scenarios "to resonate with a range of participants on an individual level, they must incorporate multiple perspectives which participants can draw upon in relation to themselves".
- "Scenarios do not have to focus on finding solutions to problems." Stories of success can provide rich opportunities for discussion and debate through the presentation of both confirming and alternative views.

The following example is provided in order to illustrate the potential of interprofessional supervision learning contexts. A group of learners from several professions, and including social workers from both health and child protection contexts, is presented with this scenario in a supervision course. In this case it is a problem-based scenario, but it is useful, because it has highly emotional content, contains the seeds of interprofessional difference and conflict, and is highly realistic as the kind of 'worry' a clinical practitioner might bring to supervision, where clinical (in this case medical) knowledge is not the main dimension of the problem. This example is fictional, and while it has been used in teaching settings on many occasions, the discussion that follows and the views expressed by the professionals are fictionalised and a composite of many different discussions.

The case of Timothy

Your supervisee, Timothy, who works in a community health setting, comes to supervision with the following situation. He is providing post-operative wound care for Melissa (9), who has multiple, chronic health problems. The treatment plan was provided by the surgical registrar at the hospital and Melissa is due to go back in for a check-up next week. The parents of the child are also engaging the services of an alternative healer. The alternative healer does not support the medical treatment and the parents are following the healer's regime. The alternative treatment is very expensive, and Timothy knows that the family is on a very limited budget and is already in debt. He has had conversations with the parents and the healer to no avail. Timothy has talked to the family's GP who advised seeking an earlier check-up appointment if the family won't bring Melissa in to her surgery. The alternative treatment is not working and the wound is now infected, and at today's home visit Melissa complained of considerable pain. The community health social worker angrily told Timothy in the staff room that this is bordering on a child protection issue and he has to do something soon. Timothy is feeling torn between his concern for Melissa and his desire to maintain a relationship with the parents.

The task for the group was to identify the main issues for supervision. Inevitably, supervision issues were left to one side while this group of confident and expressive professionals responded to the content. We'll let the reader decide who might have said what in this list of comments:

> *Bordering on child protection – it is abuse!*
>
> *There's a clear duty of care here.*
>
> *What about family rights and empowering people?*

The paramount rights of the child ...

What about the views of the rest of the whānau?

Has anyone talked to Melissa?

It's a simple thing – they have to be told they'll lose her if they don't comply with treatment.

He's got to refer her to Child, Youth and Family.

No he's right, he has to maintain the relationship – she's a long-term client!

Yes, but she could die if she gets blood poisoning.

The family loves her; they're trying to do the right thing ...

After some animated discussion, the group was able to focus more on the supervision issues. They came up with a very sensible plan to support the supervisee. Their exploration of the issues in the scenario enabled them to debate their various perspectives on this case, and freed from the usual power dynamics, the discussion was robust and passionate. The learners enjoyed the opportunity to have this discussion, and were quickly able to return their focus on the supervision issues while realising that they had things to learn from the differences in their approaches to the same situation. One participant recalled her initial training when reflecting on learning alongside other professionals:

I think the more that we can learn and develop side by side, the more we can work as a team to help the clients that we're there to help. I think back to when I was a student and in my early days of nursing, I knew nothing of other disciplines, absolutely nothing. [nurse]

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Hall (2005, citing Petrie, 1976) suggests that practitioners develop a cognitive map where, alongside each individual's personal characteristics and experience, their values and beliefs determine some key aspect of their practice (Hall, 2005, p. 190). Professional values also emphasise aspects of working with service users differently. For some professions, science rules decision-making and interaction with service users; for others, listening to client stories is what is valued. Language is often an important means of differentiation, and discussions like that above – while about a specific aspect of supervision – often highlight the different ways of describing what we do:

I probably did pick it up in the supervision training, is often you think in your own profession, 'why don't people understand me?' Well because they don't speak the same language for a start, that's why they don't understand you. They don't know the same things that you know. They don't see the world in the same way that you do and I think [for] the communication with other professional groups, it's really important. [social worker, study participant]

Marsh (2006) argues that there is a substantial agenda of work for primary care and social work to provide better health care and child protection, but asks for greater conceptual clarity and research to provide evidence of what works. Marsh suggests key elements may include knowing about the other professionals'

practices, being able to communicate well across disciplines, and directly working together. Barbour et al's study found that difficulties between child protection and mental health services often focused on the different thresholds and codes of practice adopted by each profession and led to conflict around risk assessment (Barbour, Stanley, Penhale & Holden, 2002, pp. 327-29). In these and other situations where conflict, role and boundary issues may put client and worker outcomes at risk, supervisors have a key role to play.

Challenges

Recent emphasis on interprofessional work is underpinned by the ideals of collaboration and in some countries, the pragmatic consideration of directives in government policy. Policymakers hope that improved collaboration will lead to more effective and efficient services. Issues of power and organisational culture are not usually afforded much attention in the policy realm. Rather, there is an expectation that by decreeing that it will be so, collaboration will happen. Smith and Anderson (2008, p. 115) point out that there is, however, a fairly broad consensus that power is a present and potent issue in both the relationships between professional and service users, and the professionals themselves. Amongst the professionals there are issues of status and power that still "represent significant challenges to effective interprofessional working" (Smith, 2008, p. 116).

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Conclusion

Reviews of progress in interprofessional learning by Smith and Anderson (2008) and Hudson (2002; 2007) identify persistent issues of status and power as barriers, but nevertheless conclude that there is much to be optimistic about. In New Zealand we need an application of energy and new ideas to the development of interprofessional learning for social work and the health professions. While there are some small forays into interprofessional learning in the health sector, this is limited to practice in narrow clinical settings and a recent search found little mention of social work. It is our view that opportunities for interprofessional learning should be embraced, as they provide confirmation of the things held in common amongst disciplines, and build respect for the differences that make each professional contribution unique. While perhaps only a small contribution to an interprofessional programme for health and social care, professional development in practice teaching, supervision, leadership and management may provide rich opportunities for improving the culture. Learning to focus on relationships and mutuality rather than knowledge from and for specific clinical domains is potentially transformative. The final word goes to one of our participants who found interprofessional learning led to a:

> *Rich interchange of ideas, exposed to other ways of thinking; others ask questions that challenge own discipline's wisdom. I also like to understand how other disciplines think and conceptualise issues.*

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