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# Junior occupational therapy clinical supervisors in an acute hospital: Experiences, challenges, and recommendations

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**Abstract**

*Purpose:* Clinical education is important to professional education and various initiatives such as adequate support from senior staff, workshops to upgrade skills or workload reduction, may help junior staff to feel competent in supervising students. This phenomenological study aimed to understand the experiences of junior occupational therapy educators with two to three years' experience as clinical supervisors to better understand their needs, and investigate if any supports were useful for them to become better clinical supervisors.

*Method:* Individual, semistructured interviews were conducted with five junior occupational therapists who were involved in supervising students in 2015 and 2016 in an acute hospital. Participants answered questions regarding their experiences as a clinical supervisor which were audio-recorded and transcribed verbatim. Data analysis was conducted using the method of phenomenological data analysis described by Giorgi.

*Results:* Four themes emerged from the data, namely 'juggling and balancing facets of work'; 'holding on to anchors'; 'developing students to their best'; and 'becoming a better therapist'. These themes described the clinical supervisors' sense of responsibility when supervising students, how they depended on placement support structures; tensions between giving students room to try out skills and having to assess their competence; how their knowledge was refreshed and how they were challenged to be better therapists as they learnt to accommodate students.

*Discussion:* The junior clinical supervisors faced challenges in their roles, and acknowledged that at times they did not know how best to help the students. They appreciated colleagues helping with their clinical load, having a mentor that they could turn to for advice, and various supports and training to guide them. Understanding their perspectives provides insight to support the development and refinement of structures, strategies and resources for future supervisors.



*Keywords:* Clinical practice education; Junior clinical supervisor; Occupational therapy; Phenomenology; Supervision

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## 1. Introduction

Clinical education plays an important role in professional education. It is considered "an essential bridge" between academic education and occupational therapy practice, helping students achieve competencies to meet the occupational needs of individuals, groups and society.[1] The supervision interaction between clinical educators and students in clinical education is regarded as one of the strongest elements in developing students' expertise, and in forming professional identity.[2] In medicine for example, as defined by Kilminster et al.[3] supervision is 'the provision of monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients. This would include the ability to anticipate a doctor's strengths and weaknesses in particular clinical situations in order to maximize patient safety'. Supervision also includes 'ensuring the safety of the trainee and patient in the course of clinical care; giving feedback on performance, both informally and through appraisal; initial training and continuing education planning; monitoring progress; ensuring provision of careers advice; ensuring an appropriate level and amount of clinical duties'.[4]

Turnock et al.[5] identified that for effective practice learning, practice educators require not only the knowledge and skills to facilitate learning and integrate theory and practice, but also insight to the curriculum, and the authority and ability to facilitate the record of learning. Other literature also highlighted that the effective supervision of trainees involves skills that are different from other more general competencies expected of a teacher or trainer.[6,7] Hence, practitioners who support, supervise and assess learners for entry to their respective professions need to be prepared and supported in their educational role as practice educators.[5]

In addition to the skills that clinical educators are required to have, the literature states that the success of any clinical placement depends heavily on how well the placement has been planned.[8] An Australian study by Rodger et al.[9] highlighted that key factors to a quality occupational therapy placement include university preparation and processes, a welcoming learning environment, detailed orientation and clear expectations, graded program of learning experiences, quality modelling and practice, consistent approach and expectations, quality feedback, open and honest relationships and supervisor experience and skills.

In some work contexts, an occupational therapist is considered to be a new graduate for two years of practice post-graduation, and feelings of clinical competence are recognised to continue to develop from six months to two years post-graduation.[10] Providing support to new graduates during this time allows them to develop both clinical and professional skills vital to support their transition from student to practising professional.[11] Research has also shown that junior staff, with adequate support such as from senior staff, workshops to upgrade skills, and workload reduction, may feel competent in supervising students.[12,13]

Clinical learning frameworks, such as that reported in a paper by Fitzgerald et al.[14] can also contribute to the professional development of new occupational therapy graduates by helping them to reflect on their performance, develop learning goals, and link them with existing learning supports, resources and opportunities that support their professional development. Other ways through which health professionals can develop their competence as faculty members include participation in formal workshops, seminars or courses; and informal teaching and learning such as in the contexts of mentorship, role modelling, learning from peers and students, and by observing and reflecting on practical experiences in the work place.[15]

In Singapore, students are required to complete both academic and clinical practice education as part of their occupational therapy education requirements.[16] Clinical education is commonly provided by clinical supervisors at various healthcare institutions for example, the Institute of Mental Health[17] and Tan Tock Seng Hospital[18]. In the literature a variety of terms are used to refer to persons involved in providing clinical supervision and training to students on placement, such as supervisor[4], practice educator[19], clinical instructor[20], clinical educator[21] and clinical teacher[22]. For the purpose of this paper, the term junior occupational therapy clinical supervisor, as used at the institutions at which the researchers work, will be used to refer to occupational therapy clinical supervisors with between two and three years of clinical experience who had taken on the role of clinical supervisor to occupational therapy students.

Junior occupational therapists are often nominated by their clinical unit team leaders to take on the additional role of supervision based on their work experience and performance. However, they may not have clinical prior experience in supervising students and no local data is available about the experiences of clinical supervisors in their supervisory role. Generally supervisors have the opportunity to attend a workshop before each placement, and they are sent written documents in which they are introduced to the minimum standards for each placement. Prior to students' arrival, the occupational



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