



## References to assist Supervisors

### A) Core references - recommended for all Supervisors

All of these core references are available on request from the Director of Training (DOT) or the Training Department at the RANZCP Secretariat in Melbourne, scanned in pdf form. You can ask for them by their number.

	<b>Article</b>	<b>Source</b>	<b>Brief information or Abstract</b>
<b>A1</b>	Sved-Williams, A and Shaw K <b>Supervision, the supervisor's perspective</b>	<i>Australasian Psychiatry</i> (1994) 2;1:11-15	A good article from an Australian perspective with an overview of tasks required in supervision, how to supervise and the use of videos.
<b>A2</b>	Cottrell, David <b>Supervision</b>	<i>Advances in Psychiatric Treatment</i> (1999) 5:(2):83-88	A basic overview of supervision from the British perspective. Useful as much of the article covers basic issues which are not so UK-specific.
<b>A3</b>	Robertson JR & Dean A <b>General professional training: consultation supervision of trainees</b>	<i>Advances in Psychiatric Treatment</i> (1997) 3:347-351	Further British overview of supervision, tasks appraisal and assessment, with a range of additional skills. Makes an attempt to list good and bad practice. Very UK-specific in many details however so not as relevant to the Australasian setting.
<b>A4</b>	Branch WT & Paranjape A <b>Feedback and Reflection: Teaching Methods for Clinical Settings</b>	<i>Academic Medicine</i> vol. 77: 1185-1188	Explains difference between brief and formal feedback, major feedback and principles of how to give it, including how to facilitate reflection. Useful.
<b>A5</b>	Steinert, Yvonne <b>The "problem" junior: whose problem is it?</b>	<i>British Medical Journal</i> 2008; 336:150-153	<ul style="list-style-type: none"> <li>• A "problem" junior may be a learner who does not meet expectations because of problems in one of three areas: knowledge, attitudes, or skills.</li> <li>• Teachers must identify whether the problem lies with the teacher, the learner, and/or the system.</li> <li>• Careful data gathering with the learner is essential before any intervention.</li> <li>• Teachers must identify learners' strengths as well as areas for improvement.</li> <li>• Interventions may include increased observation and feedback, additional time with a faculty adviser, weekly study sessions, core content review, videotaping of clinical encounters, or counselling.</li> <li>• Teachers must work collaboratively with the junior doctor to ensure "due process" and guarantee fairness, confidentiality, and informed consent.</li> </ul>
<b>A6</b>	Steinert, Yvonne and Levitt, Cheryl <b>Working with the problem resident: guidelines for definition and intervention</b>	<i>Family Medicine</i> (1993) 25:627-32	Describes two trainees with different problems and endeavours to give an outline of interventions to assess issues and then give strategic interventions for these. (Remediation focus).
<b>A7</b>	Chur-Hansen, Anna and Mclean, Steven <b>On being a supervisor: the importance of feedback and how to give it</b>	<i>Australasian Psychiatry</i> (March 2006) Vol 14, No 1	Some of the dominant opinions regarding the provision of formative feedback are outlined. Trainee psychiatrists and their supervisors were interviewed and asked to identify 'good' vs 'poor' supervision. A recurrent theme in interview data was that of formative feedback. Trainees wanted feedback, but some supervisors were unsure and lacked skill in giving this. How to best give feedback is addressed.
<b>A8</b>	Plunkett, Felicity <b>Knowledge, Attitudes &amp; Skills for Supervisors</b>	<i>Unpublished handout from past workshops</i>	Uses the structure of the College Curriculum to think through what supervisors need to know and the attitudes and skills they need to develop.

## B) Additional Reading for Further Interest and Development

<b>B9</b>	Kilminster, S et al <b>Effective Educational and Clinical Supervision</b>	<i>Medical Education</i> , (2007) 29, 2-19	<p>Very good general overview of supervision based on a literature review and questionnaire. Offers a guide to good supervision.</p> <p>* Available in pdf form from DOT/Secretariat on request</p>
<b>B10</b>	Roberts LW, McCarty T et al <b>Clinical Ethics teaching in Psychiatric Supervision</b>	<i>Academic Psychiatry</i> (1996) 20:176-188	<p>The authors discuss the need for ethics education in psychiatry residencies and describe how the special attributes of supervision allow for optimal training for residents in their everyday encounters with ethical problems. Ethical decision making in clinical settings is briefly reviewed, and a 6-step strategy for clinical ethics training in psychiatric supervision is outlined. This is illustrated through four case examples.</p> <p>* Available in pdf form from DOT/Secretariat on request</p>
<b>B11</b>	Hantoot, M <b>Lying in Psychotherapy Supervision - Why Residents say one thing and do another</b>	<i>Academic Psychiatry</i> December 2000 24:179-187	<p>Explores narratives by four psychiatry residents who were asked to recall situations in which they lied to their psychotherapy supervisors, misrepresented or concealed either verbal or emotional responses during patient sessions. Very good for synthesis of the ambiguities and blurring of what is true or untrue in narrative discussions in supervision</p> <p>* Available in pdf form from DOT/Secretariat on request</p>
<b>B12</b>	Playle J and Mullarkey K <b>Parallel process in clinical supervision: enhancing learning and providing support</b>	<i>Nurse Education Today</i> , 1998, 18, pp 558-566	<p>* Available in pdf form from DOT/Secretariat on request</p>
<b>B13</b>	Deering, C Gray <b>Parallel Process in the Supervision of Child Psychotherapy</b>	<i>American Journal of Psychotherapy</i> , Vol 48, No. 1, Winter 1994, pp 102-110	<p>In parallel process therapists unconsciously replicate the problems and dynamics of their clients during supervision. It has the unconscious aim of provoking the supervisor to demonstrate how to handle a perplexing situation. Article reviews various types, discusses cases, outlines strategies for intervention.</p> <p>* Available in pdf form from DOT/Secretariat on request</p>
<b>B14</b>	Khan, Khalid and Coomarasamy, Arri <b>A hierarchy of effective teaching and learning to acquire competence in evidenced-based medicine</b>	<i>BMC Medical Education</i> 2006, 6:59	<p>Covers useful general issues about teaching and training in context of EBM approach.</p> <p>* Available in pdf form from DOT/Secretariat on request</p>
<b>B15</b>	Epstein, Richard J <b>Learning from the problems of problem-based learning</b>	<i>BMC Medical Education</i> 2004, 4:1	<p>A useful discussion of the pros and cons of PBL, with application to working with trainees.</p> <p>* Available in pdf form from DOT/Secretariat on request</p>
<b>B16</b>	MacDonald J <b>Clinical supervision: a review of underlying concepts and developments</b>	<i>Australian and New Zealand Journal Psychiatry</i> Feb 2002, 92-99	<p>Literature search and review of 200 articles. Points out most articles reflected the conditions where psychiatry was being practised at the time and that these articles identified a number of problems with supervision, including role conflicts, uncertainty about boundaries, lack of effective feedback and issues with the introduction of adult learning concepts.</p> <p>Accessible to all members via the College website - Publications/Journals (&amp; via DHB libraries)</p>

<b>B17</b>	Kozłowska K, Nunn K, & Cousens P <b>Training in psychiatry: an examination of trainee perceptions Part 1</b>	<i>Australian and New Zealand Journal of Psychiatry</i> , (1997a) 31, 628-640	Accessible to all members via the College website - Publications/Journals (& via DHB libraries)
<b>B18</b>	Kozłowska K, Nunn K, & Cousens P <b>Adverse experiences in psychiatric training Part 2</b>	<i>Australian and New Zealand Journal of Psychiatry</i> , (1997b) 31, 641-652	Accessible to all members via the College website - Publications/Journals (& via DHB libraries)
<b>B19</b>	MacDonald J <b>Maximizing the chances of passing the college examinations</b>	<i>Australasian Psychiatry</i> , (1997) 5 (1), 23-26	Accessible to all members via the College website - Publications/Journals (& via DHB libraries)
<b>B20</b>	Rose, D and Boyce, P <b>Clinical supervision and its effects on the quality of practice of qualified practitioners</b>	<i>Australasian Psychiatry</i> , (1999) 7, 11-13	Accessible to all members via the College website - Publications/Journals (& via DHB libraries)
<b>B21</b>	Shanfield SB, HetherlyV, Matthews KL <b>Excellent supervision: the residents' perspective</b>	<i>J Psychother Pract Res.</i> (2001) Winter;10(1):23-27	*Freetext article available via Medline. Supervisors were rated via videos of sessions. Supervisors with high ratings allowed the resident's story about the encounter with the patient to develop. They tracked the resident's affectively charged concerns. Comments were directed toward helping the resident further understand the patient and were specific to the material presented in the session - technical words were used sparsely. Discussions were in the context of the resident's concerns. Supervisors with mid-level ratings were less disciplined in tracking the resident's concerns and inhibited the development of the resident's story. Supervisors with low ratings paid little or no attention to the resident's issues.
<b>B22</b>	Watkins, C <b>The supervision of psychotherapy supervisor trainees</b>	<i>American Journal of Psychotherapy</i> , (1994, Summer)	
<b>B23</b>	Nigam T, Cameron PM, Leverette JS <b>Impasses in the supervisory process: a resident's perspective.</b>	<i>American Journal of Psychotherapy Spring 1997, Vol 51, 2, p 252-268</i>	A self-administered questionnaire was completed by resident volunteers (Ontario). Case vignettes detailed the most frequent impasse situations between themselves and supervisors - majority were unresolved leading to distressing experiences for residents and failed psychotherapies for patients. Supervision promoting learning, combined treatments, and discussion of similar impasses, while focusing on the resident's immediate concerns and transference/countertransference issues appeared best for resolution.
<b>B24</b>	Shaw, K and Sved-Williams, A <b>Supervision: The trainee's perspective and proposed curriculum</b>	<i>Australasian Psychiatry</i> , (1994) 2 (2), 49-54	Accessible to all members via the College website - Publications/Journals (& via DHB libraries)
<b>B25</b>	Cormier, LS & Bernard, JM <b>Ethical and legal responsibilities of clinical supervisors</b>	<i>The Personnel and Guidance Journal</i> , (1982) 60 (8) 486-491	

<b>B26</b>	Kilminster SM, Jolly BC. <b>Effective supervision in clinical practice settings: a literature review</b>	<i>Medical Education</i> (2000) 34:827-40	<i>A classic review of clinical supervision in medicine.</i> * Available in pdf form from DOT/Secretariat on request
<b>B27</b>	McIlwrick J, Nair B, Montgomery G. <b>"How Am I Doing?": Many Problems But Few Solutions Related to Feedback Delivery in Undergraduate Psychiatry Education</b>	<i>Academic Psychiatry</i> 2006;30(2):130-5	<i>Focussed on undergraduates but does address the issue of why feedback is often not perceived or not acted on.</i> * Available in pdf form from DOT/Secretariat on request
<b>B28</b>	Swanwick T. <b>Informal learning in postgraduate medical education: from cognitivism to 'culturism'</b>	<i>Medical Education</i> 2005;39(8):859-65	<i>Optional reading for anybody interested in thinking about ways of conceptualising medical teaching and supervision.</i> * Available in pdf form from DOT/Secretariat on request
<b>B29</b>	Hesketh EA, Laidlaw JM. <b>Developing the teaching instinct</b>	<i>Medical Teacher</i> 2002;24(3):245-8	<i>Very practical hints on teaching and giving feedback.</i> * Available in pdf form from DOT/Secretariat on request
<b>B30</b>	Cantillon P. <b>Giving feedback in clinical settings</b>	<i>British Medical Journal</i> 2008; vol 337	<i>Useful article about clinical supervision.</i> * Available in pdf form from DOT/Secretariat on request

## Texts:

### **Fundamentals of Clinical Supervision (3<sup>rd</sup> Edition)**

Bernard JM & Goodyear RK - Pub. Allyn & Bacon 2004

*(A comprehensive interdisciplinary book on clinical supervision - integrates psychology, counseling, marriage and family therapy, and social work contributions. The authors also address the professional issues of ethical and legal concerns, evaluation, and establishing a productive context for supervision; the practice issues of supervisor training and development; and the research issues affecting both the study and practice of supervision. Appendices include materials to assist the readers in training supervisors.)*

### **Transforming Practice through Clinical Education, Professional Supervision, and Mentoring**

Ed. by Rose, Miranda and Best, Dawn. Churchill Livingstone 2005

*(Covers topics related to clinical education, professional supervision, and mentoring. Beyond student supervision, it discusses supervision of professionals in the work place and the emerging importance of professional mentoring for ongoing professional development. Relevant to a wide range of health professions. Complex theoretical material is presented in a straightforward, "person-centered" approach.)*

### **Supervision in the Helping Professions**

Hawkins & Shoet. Open University Press, 2000 (2<sup>nd</sup> Edition)

*(orientated more for those new to supervision)*

### **Supervising Psychiatry Residents for Eclectic Practice**

Yager, J *Teaching Psychiatry & Behavioural Science*, (1982) Ed. Grune & Stratton pp.133-139

*(Older text, may be out of print. Can try <http://www.antigbook.com/boox/gac/075059.shtml> )*

### **Teaching Made Easy: A manual for Health Professionals.**

2nd Ed. Mohanna, Kay; Wall, David; Chambers, Ruth. Radcliffe Medical Press 2004

*(Hospital and GP-based medical teaching)*

### **ABC of Learning and Teaching in Medicine**

Ed. by Cantillon, Peter; Hutchinson, Linda; Wood, Diana. BMJ Books 2003

### **A Handbook for Medical Teachers**

4th Ed. Davic Cannon, Robert. Kluwer Academic 2001.

### **A Practical Guide for Medical Teachers**

Ed. by Dent, JA; Harden R. Edinburgh; Churchill Livingstone 2001

## **Journals featuring articles on these topics:**

- Academic Psychiatry
- Medical Teacher