Supervision is an essential competency for physiotherapists working in Canada's health system. While no one supervision model will apply to all contexts of physiotherapy practice, this guide provides a framework to support effective supervision in clinical practice to help ensure that Physiotherapy Alberta's practice standards are met.
Physiotherapy Alberta developed this guide to provide a framework to support supervision in clinical physiotherapy practice to help ensure Physiotherapy Alberta’s practice standards are met and that Albertans receive competent, ethical, quality physiotherapy care.

Permission to reproduce in part or whole is granted; please include a printed acknowledgement of Physiotherapy Alberta.

Physiotherapy Alberta - College + Association
300, 10357 - 109 Street, Edmonton, Alberta T5J 1N3
T 780.438.0338 | TF 1.800.291.2782 | F 780.436.1908
info@physiotherapyalberta.ca
Contents

4 Introduction

5 Getting Started
   Who needs supervision and why?
   Is there a difference between supervision and mentorship?
   Are you the best person to provide supervision within your work environment?
   Being a new supervisor
   Who is ultimately responsible for the patient’s care?
   Are there limits to what can be assigned?

7 What You Need to Know About Supervision

8 Phases of Supervision

9 Supervision Techniques

10 Supervision Strategies

11 Supervisors + Supervisees: Principles and Responsibilities

12 Frequently Asked Questions

15 Appendix 1: Effective Feedback

16 Appendix 2: Chart-Stimulated Recall

17 Appendix 3: Online Supervision Resources

18 References
Introduction

Purpose
Physiotherapists frequently enter into supervisory relationships with physiotherapist interns, support workers and physiotherapist students to ensure that safe, quality physiotherapy services are provided to the public.

This document provides guidance to physiotherapists who provide supervision, regardless of the education or background of the supervisee.

For the purpose of this document, the term support worker encompasses any unregulated provider who delivers services under the supervision of a physiotherapist, including those with formal post-secondary education (physical therapy assistants, rehabilitation assistants and kinesiologists*) and those who have received their training on the job.

What is supervision?
Supervision is “the action or process of watching and directing what someone does or how something is done” and is an essential competency** of physiotherapists practicing in Canada. There are generally four phases of supervision: assessment, assignment, monitoring and evaluation. Appropriate supervision allows a range of physiotherapy team members to be involved with patient care.

* Kinesiologists may have independent practices or may practice under the supervision of a physiotherapist. This document applies only to those working under the supervision of a physiotherapist.

** An essential competency is defined as the unique combination of knowledge, skill and ability that physiotherapists, physiotherapist interns, support workers and physiotherapist students bring to the practice of physiotherapy. Clinical competencies relate patient-care related skills, knowledge and abilities of the supervisee, where as non-technical competencies relate to areas such as communication and establishing therapeutic relationships with patients.
Getting Started

Who needs supervision and why?
Supervision helps build capacity in the health-care system by allowing you to share workloads with different members of the health-care team. Effective supervision enables those you supervise to continue to develop their individual competence, receive feedback on performance and provide safe, quality patient care.

Most importantly, effective supervision instills public confidence in physiotherapy service delivery.

Physiotherapist interns are regulated members on the Provisional Register. Supervision is a condition on their practice permit until they meet all the requirements to be admitted to the General Register. As regulated members, physiotherapist interns are held to the same Standards of Practice as any other member. The condition of supervision allows the physiotherapist intern to practice with oversight and the need for public protection is balanced with the value of adding interns into the workforce.

Support workers are unregulated members of the health-care team. Support workers are a valuable resource to both you and the patient. Supervision ensures the provision of safe, quality patient care by enabling you and the support workers to work to your full scope of practice.

Physiotherapist students are the future of the profession. Supervision of a learner’s practice enables their acquisition of clinical skills and professional socialization. Supervision balances the needs of the public with the gradually increasing independence and autonomy of the learner as they progress towards meeting entry to practice requirements.

Is there a difference between supervision and mentorship?
It is important to distinguish between supervision and mentorship. Mentorship is often a long-term relationship that supports both personal and professional growth.

Mentors can be external or internal to the work environment, engage in reciprocal learning, share knowledge, and provide feedback* to the mentee but not necessarily formal evaluation** of the mentee.

In contrast, a supervisor has an explicit requirement to evaluate the competence and performance of the supervisee to ensure that safe practice occurs.

You must therefore be careful to maintain boundaries when in a position of supervision. As a supervisor, you should be thoughtful about entering into any social or personal contact with your supervisee that could impair your objectivity or professional judgment.

Are you the best person to provide supervision within your work environment?
You and your supervisee must be employed by the same employer and in the same location for you to fulfill your responsibilities and effectively monitor the competence and performance of the supervisee. Although supervision is an essential competence, not every competent physiotherapist makes a competent supervisor. You and your employer must consider who is best equipped to provide supervision within your work environment.

Being a new supervisor
If you are new to the supervisory role, ask yourself:

• Do I understand the purpose of supervision?
• Do I know my responsibilities?
• Am I aware of the circumstances necessitating supervision?
• Do I have the time to provide the required supervision?
• What resources do I need to review to develop my supervisory skills?
• Do I have the interpersonal skills required to develop a successful supervisory relationship with the supervisee?

---

* Feedback is defined as “non-judgmental communication to another individual for the purpose of facilitating self-awareness.”

** Evaluation includes “the judgment of an individual’s behavior based on specified or unspecified criteria for performance.”
Will I be able to address performance issues in an open and honest manner and share in problem solving?

• Am I prepared to handle a challenging situation if one arises?

• Do I have the necessary technical or clinical experience to assess the individual’s competence in the area of practice?

• Do I have the skills and knowledge to be able to give direct guidance on clinical practice issues?

Who is ultimately responsible for the patient’s care?

The most responsible physiotherapist is the individual who has final accountability for the physiotherapy care and treatment of the patient.

Within the physiotherapist intern-physiotherapist relationship, the answer is that the physiotherapist intern is ‘most responsible’ for the patient’s care. As the supervising physiotherapist, you provide oversight and monitor the quality of the care provided, but the physiotherapist intern is responsible for the care they provide.

When considering the same question related to support workers and physiotherapist students, it is imperative to remember that neither support workers nor the physiotherapist students are regulated health professionals. Therefore the clear answer is that you, as the supervising physiotherapist, are ‘most responsible.’ You are responsible for the care assigned, the appropriateness of that assignment and to ensure appropriate monitoring of the supervisee’s performance of that assignment.

Are there limits to what can be assigned?

Yes. What can and cannot be assigned varies between physiotherapist interns, support workers and physiotherapist students.

Physiotherapist interns are expected to carry out the following essential elements of physiotherapy practice: patient assessment, analysis and diagnosis, treatment planning, re-evaluation and discharge planning. The degree of supervision they require from you to perform these activities will depend on your assessment of the intern’s competence.

Physiotherapist interns may perform basic authorized restricted activities if under direct supervision at all times or by a member on the General Register whom you designate and who agrees to act as their supervisor. In accordance with current legislation, physiotherapist interns may not perform the advanced restricted activities of dry needling, spinal manipulation or ordering diagnostic imaging, whether in the context of practice or education.

Support workers may assist you with the performance of certain elements of physiotherapy practice, however you remain accountable and responsible for the activities they conduct and interpreting the results of tests. You remain accountable and responsible for conducting these activities, for interpreting the results of tests and assessments, for planning care and for the completion of all restricted activities.

Physiotherapists cannot assign any restricted activities to a support worker.

Physiotherapist students are expected to carry out the essential elements of physiotherapy practice. The degree of supervision and assistance they require from you to perform these activities will depend on your assessment of the student’s competence and how far the student is into their formal education program. Physiotherapist students may perform basic authorized restricted activities if under your direct supervision at all times.

If the advanced restricted activities are being taught as part of the core curriculum of their university education program, students may be permitted to perform these activities in the context of a clinical or learning environment. In this situation, the student must be under direct supervision of a member who is authorized and competent to perform the activity.

* Section 16(3) of the Physical Therapists Profession Regulation states: “A student who is enrolled in a physical therapy program approved by the council is permitted to perform those restricted activities described in section 13 or 14 that are part of the student’s program of study with the consent and under the supervision of a regulated member registered on the General Register or the Courtesy Register who is authorized to perform the restricted activity that is being performed by the student.”
What You Need to Know About Supervision

As a supervising physiotherapist, you have some obligations to Physiotherapy Alberta.

Never supervise any activity that you are not authorized and competent to perform.

**When supervising physiotherapist interns:**
- Be familiar with and follow the Supervision Standard of Practice.
- Sign a Physiotherapy Alberta supervisor agreement* with the intern.
- Confirm that the physiotherapist intern is registered on the Provisional Register before you begin supervision.
- Never assign or supervise advanced restricted activities.
- Always directly supervise the intern if they are performing basic restricted activities.
- Inform Physiotherapy Alberta if you withdraw from a supervision agreement.

**When supervising support workers:**
- Be familiar with and follow the Supervision Standard of Practice and Assignment of Services.
- Always obtain patient consent before assigning patient care to the support worker.
- Regularly and frequently reassess the patient’s status, treatment plans and the care provided by the support worker to ensure care is consistent with the patient’s needs, acuity and progress.
- Always consider the individual support worker’s skills and competencies when deciding which activities to assign. Support workers are not regulated health professionals meaning that their education, experience and core competence can vary widely.

**When supervising physiotherapist students:**
- Be familiar with and follow the Supervision Standard of Practice and Assignment of Services.
- Always obtain the patient’s consent.
- Always directly supervise the student if they are performing restricted activities.

In addition to the above, be aware of and comply with any specific requirements that employers or education programs may have regarding supervision.

* It is the supervisee’s responsibility to return the supervision agreement to Physiotherapy Alberta for approval.
Phases of Supervision

Assessment
All supervisor-supervisee relationships must begin with a period of direct observation to assess technical and non-technical competencies, performance and behavior of the supervisee in the clinical setting. During this period of direct observation you must be physically present and able to directly observe/assess competence, provide input into the supervisee's performance and intervene if a safety concern arises.

Through this period of observation, you will determine if the supervisee is able to perform some assignments with indirect supervision. Keep in mind that supervision is a dynamic and evolving process that requires you to constantly re-evaluate your approach depending on the supervisee's clinical skills and non-technical competencies (e.g., communication and teamwork).

Supervision plan
Create and document a supervision plan with your supervisee. The purpose of this plan is to facilitate and formalize the processes you will use to meet your supervisory obligations as you transition from the period of direct observation to indirect supervision.

The ongoing supervision plan should be based on the results of the period of direct supervision and your assessment of the supervisee’s competence. The plan establishes the mechanisms you will use for ongoing assessment, assignment, monitoring and evaluation and any limits on the supervisee's practice.

Assignment
The supervisor must identify the activities to be assigned. When doing so, you must only supervise activities which you are competent to perform. What is assigned and the method used to monitor the performance of that assignment should become part of the supervision plan.

Monitoring
Monitoring of supervised activities may include both direct and indirect forms of supervision as appropriate given the supervisee's competence and performance of their assignment.

Expectations for direct and indirect monitoring include:

**Direct:** The need for ongoing direct supervision is determined by the supervisees' competence, your confidence in their performance, the activities assigned and patient factors. You should expect that supervisees will require progressively less direct oversight over time, not that they will be able to complete all assignments with indirect supervision immediately following the assessment phase of supervision.

**Indirect:** After the period of direct supervision you may determine that the supervisee is able to perform assignments without direct oversight. You are accountable for making this decision. Document your decision in the supervision plan, including the methods of indirect supervision that you will employ. See supervision techniques on page 9.

Evaluation
A key component of supervision is evaluation of the supervisee's competence as well as the supervision process and the outcome for the patient. You are expected to complete routine evaluations throughout the period of supervision. The results should inform changes to the activities you assign, how those activities are monitored and, therefore, the supervision plan.

Evaluating the competence of physiotherapist interns and support workers can be uncomfortable and at times challenging.
The following rating scale from Epstein and Hundert\cite{10} combined with Physiotherapy Alberta’s Standards of Practice and the Essential Competency Profile for Physiotherapists or for Physiotherapy Assistants in Canada can help to guide your assessment of the skill and competence of supervisees. Go to www.physiotherapyalberta.ca/files/supervision_evaluation_form_august2015.pdf to view or download a sample evaluation form.

- **Knows**: ability to recall facts, principles, theories.
- **Knows how**: ability to solve problems and describe procedures.
- **Shows how**: ability to demonstrate competence in controlled setting (e.g., exam setting).
- **Does**: ability to demonstrate competence in real practice.

**Evaluating student competence**

The University of Alberta utilizes the Assessment of Clinical Performance for evaluating physiotherapist students enrolled in their program and has published a skills checklist to describe what students are expected to know at different points in the program: http://rehabilitation.ualberta.ca/-/media/rehabilitation/pt/documents/mscpt-clinical-skills-checklist.pdf

The university is the best source for you to obtain information about the supervision of physiotherapist students. See Appendix 3 on page 17 for more information.

**Supervision Techniques**

There are a range of methods available to assess and monitor performance on an ongoing basis. The list below is not exhaustive. You must consider which strategies work best given the context of your practice and work environment, patient factors and your preferences.

**Direct on-site supervision of activities:** Face-to-face observation in real time or simulated practice settings.

**Telepractice and other forms of secure video conferencing:** This should not be used to replace initial, direct on-site observation but may be appropriate for ongoing monitoring of activities.

**Chart audits:** Provides information about the completeness, quality and appropriateness of care provided. A chart audit can also be used to determine if the supervisee is adhering to Physiotherapy Alberta’s charting standards.

**Chart-stimulated recall:** Assesses the clinical reasoning and judgment applied to a real-life situation and helps to determine the supervisee’s thought process. Using patient records, you ask the supervisee a set of standardized questions related to patient care decision making. See Appendix 2 on page 16 for sample questions.

**Supervisee discussions:** Ongoing dialogue should be part of all supervision plans. Providing feedback should occur regularly (e.g., weekly caseload review) to monitor competence in clinical care and/or skill performance and helps inform more formal evaluation. Discussions can be in person, by phone or email.

**Patient/colleague discussions:** Multi-source feedback helps to evaluate professionalism and non-technical competencies such as communication or collaboration skills. This type of feedback should be used to inform discussions with the supervisee.
Supervision Strategies: Suggestions for how to meet your supervision obligations

<table>
<thead>
<tr>
<th>Supervision Strategies: Suggestions for how to meet your supervision obligations</th>
</tr>
</thead>
<tbody>
<tr>
<td>New supervisor-supervisee relationship (determining competence)</td>
</tr>
<tr>
<td>When the supervisor identifies performance concerns</td>
</tr>
<tr>
<td>Performing basic restricted activities</td>
</tr>
<tr>
<td>Performing advanced restricted activities</td>
</tr>
<tr>
<td>Assessing progression of PT care</td>
</tr>
<tr>
<td>Monitoring performance of clinical skills</td>
</tr>
<tr>
<td>Evaluating communication</td>
</tr>
<tr>
<td>New skill development</td>
</tr>
<tr>
<td>Evaluating clinical reasoning</td>
</tr>
<tr>
<td>Evaluating treatment planning</td>
</tr>
<tr>
<td>Evaluating treatment execution</td>
</tr>
<tr>
<td>Evaluating documentation</td>
</tr>
<tr>
<td>When chart audits raise concerns</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physiotherapist intern</th>
<th>Direct</th>
<th>Telepractice</th>
<th>Chart Audits</th>
<th>Chart-Stimulated Recall</th>
<th>Supervisee Discussions</th>
<th>Patient &amp; Colleague Discussions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapist students</td>
<td>Direct</td>
<td>Telepractice</td>
<td>Chart Audits</td>
<td>Chart-Stimulated Recall</td>
<td>Supervisee Discussions</td>
<td>Patient &amp; Colleague Discussions</td>
</tr>
<tr>
<td>Support workers</td>
<td>Direct</td>
<td>Telepractice</td>
<td>Chart Audits</td>
<td>Chart-Stimulated Recall</td>
<td>Supervisee Discussions</td>
<td>Patient &amp; Colleague Discussions</td>
</tr>
</tbody>
</table>

* Sections 13 & 14 of the Health Professions Act: Physiotherapy Regulation indicates that physiotherapist students may perform advanced restricted activities, with consent and under the direct supervision of a regulated member who on the General Register and authorized to perform the restricted activity, if the restricted activity is part of the university curriculum at the school where the student is enrolled. At this time physiotherapist interns may not perform advanced restricted activities under any circumstance.*
Supervisors

Guiding principles

- Always serve the best interests of the patient.
- Accept overall accountability for assessment, assignment, monitoring and evaluation.
- Communicate openly, honestly and regularly with the supervisee.
- Only assign, monitor and evaluate what is within your own scope of practice and competence.
- Don’t take on the responsibility of supervision if you cannot meet the expectations set out in these guidelines.
- Respect professional boundaries.
- Confirm that physiotherapist interns is registered on the Provisional Register before you begin supervision.
- Regardless of who is “Most Responsible” for the patient's care, in all supervision relationships it is the supervisor who determines the supervisee's patient care assignment.

More detailed responsibilities

- Develop a supervision plan or strategy with the patient’s needs, service delivery, and the supervisee's skills and abilities in mind.
- Discuss the strategy/plan with the supervisee before assigning patient care activities.
- Ensure your employer understands your professional obligations regarding supervision.
- Intervene if there are patient safety concerns or risk of harm resulting from the supervisee's care, and communicate with appropriate authorities as necessary (e.g., mandatory reporting).
- In the case of physiotherapist interns, notify Physiotherapy Alberta if you are no longer able/willing to continue to provide supervision.

Things to discuss with your supervisee

Supervisee accountability

- Always serve the best interests of the patient.
- Accept overall responsibility for carrying out their assignment.
- Accept feedback on performance with a view to improve.
- Communicate openly, honestly and regularly with you, their supervisor.
- Respect professional boundaries.

Additional supervisee responsibilities

- Understand and respect the responsibilities established by you, their supervisor.
- Practice life-long learning, integrating new and developing competencies into daily work to ensure delivery of the best service/care possible.
- Physiotherapist interns must uphold applicable regulatory responsibilities.
- Physiotherapist interns must submit and gain approval of the supervision agreement from Physiotherapy Alberta prior to practicing.
- Notify Physiotherapy Alberta when/if supervision arrangements change.
Frequently Asked Questions

Q. Am I required to co-sign patient records of the individuals I supervise?
A. There is no legislated requirement to co-sign patient records. The act of co-signing a chart is linked to your responsibility to supervise.

If you co-sign notes, you must remember that simply reading a chart note is insufficient to satisfy your responsibility. You have the additional duty to ensure that the diagnosis and treatment described is reasonable in the circumstances. Your signature (or electronic signature) on a patient record demonstrates that you have both reviewed the note and that you agree with the appropriateness of the treatment plan.12

Before deciding to co-sign a chart, be sure that you can verify the assessment findings and therefore the appropriateness of the treatment plan. If you were not present throughout the assessment or treatment session you may not be able to do so.

Q. Do I need to be on-site at all times when providing supervision?
A. The purpose of supervision is to ensure the delivery of safe, quality physiotherapy service. Some aspects of effective supervision require that you, as the supervising physiotherapist, are on-site and accessible.

For example, you must be on-site initially to observe the supervisee's performance and determine their level of competence, when the supervisee is learning a new skill, to conduct supervisee evaluations, anytime you have concerns about the supervisee's performance, and any time a physiotherapist intern under your supervision is performing a basic restricted activity, or when a physiotherapist student is practicing any restricted activity (basic or advanced).7

Always ask yourself this: How will I know if the supervisee is competent to do what is assigned at any given time?

Once you have determined the supervisee is competent and performing at an acceptable level, you may be able to provide indirect supervision for interventions other than restricted activities.

Q. Can I bill for treatment provided by a supervisee under my registration number?
A. Physiotherapy Alberta’s Fees and Billing Standard of Practice13 clearly states that all billing records need to be transparent and verifiable including who has been involved in delivering the service and what the related fees are. When it comes to billing for treatment provided by a supervisee, the answer depends on the type of supervisee.

Physiotherapist interns are regulated members and therefore should submit bills using their own registration numbers.

Support workers are required to work under your supervision. You are accountable to ensure that your registration number is used appropriately for billing. To ethically bill for services provided by a support worker under your registration number, you must also be actively involved in the patient’s care.

When services are provided by student physiotherapists, keep the following considerations in mind: the patient must consent to being treated by a student physiotherapist,3 the patient must be aware of any fees that will be billed for services,13 and you are actively involved in the patient’s care. You are accountable for how your registration number is used.

It is important to remember that payers have their own policies related to what they will or will not pay for under extended health benefits.

Q. Can support workers complete outcome measures?
A. It is up to you, the supervisor, to determine what is assigned. This task assignment can include the completion of measurement or rating activities if you have determined that the supervisee is competent to complete the task accurately. It is your responsibility to interpret the outcome measure and determine how treatment will be modified in light of the outcome.3
Q. Which restricted activities can I assign to supervisees?
A. Basic restricted activities can be completed by physiotherapist interns and physiotherapist students but always under your direct supervision and only if you are competent to complete the activity. Physiotherapist interns are not allowed to perform advanced restricted activities under any circumstances. At no time should support workers be assigned any aspect or component of a restricted activity.

Q. How many physiotherapist interns, support workers or physiotherapist students am I allowed to supervise at one time?
A. Physiotherapy Alberta does not specify a limit to the number of students/interns/support workers you can supervise at one time. However, it is your responsibility to provide adequate supervision to meet Physiotherapy Alberta’s Supervision Standard of Practice. Failure to properly supervise can put the public at risk. Only agree to supervise the number of students, interns or support workers you can actually supervise adequately. If pressured to supervise more than you are able, it is important to remember that Physiotherapy Alberta standards for supervision must take priority over the demands of employers.

Q. What are my responsibilities as a physiotherapist when I supervise a support worker who provides both physiotherapy and occupational therapy functions for a shared patient?
A. You are responsible for supervising support workers if and when they perform physiotherapy tasks that you have assigned to them. Because physiotherapists and occupational therapists have overlapping scope of practice and competencies, it is prudent that both support workers and patients clearly understand which part of their overall rehabilitation treatment is physiotherapy (for which you are responsible).

Q. Do the requirements to supervise support workers differ in different patient care settings?
A. No. In any active treatment model where you assign components of the physiotherapy treatment program to support workers, you must provide appropriate supervision considering the patient’s best interests, the support worker’s competence and performance, and what is reasonable considering the service delivery model. In a consultative model of care, you may be providing consulting services rather than acting as a supervisor. In this case, you are accountable for the consultation and its recommendations but not the services provided by the staff of the employer to whom the consultation was provided. You are accountable to ensure your employer is aware of this. An example would be if a physiotherapist provided consultation to a group home about stretches for a client with spasticity and taught the group home staff how to perform the stretches with the client. The physiotherapist would be responsible for the consultation, education and information given to the group home staff about circumstances when they should contact the consultant but not for the supervision of the group home staff.

Q. What about consent? Who needs to obtain consent for a supervisee to see a patient?
A. It is the responsibility of the most responsible physiotherapist providing treatment to obtain consent. You must ensure that the patient consents to being treated by a support worker or physiotherapist student. You may assign the physiotherapist student the responsibility to obtain consent, but you must ensure that consent is obtained. The supervisee should reconfirm this consent at the start of a treatment session. Physiotherapist interns, as regulated members, are responsible to obtain their own consent.
Q. What are my responsibilities when I share supervision responsibilities with another physiotherapist?

A. When two or more physiotherapists share supervision responsibilities, it is ideal that they communicate and collaborate in developing and refining the supervision plan with the supervisee. A clear understanding of the working relationships and responsibilities, understood by all parties, will not only provide clear direction for the supervisee but will support effective supervision.

In the case of physiotherapist interns, the supervisee must have formal, signed supervisory agreements with both supervisors. *

Q. What if I am going to be away for a brief period of time, unexpectedly or otherwise?

A. The answer varies depending on many factors, including the phase of supervision, your assessment of the supervisee’s qualifications and experience, your assessment of the supervisee’s competence, the practice setting and the duration of the absence. The general principle is that physiotherapy services must be either performed by or supervised by a member who is on the General Register.*

Once the direct supervision phase has been completed, there are many ways for you to meet your supervision responsibilities without being physically present. For example, you could complete a caseload review discussion with the supervisee and discuss the supervisee’s care plan for patients prior to and following a brief planned absence. You must also identify a regulated member whom the supervisee could contact in the event of an unanticipated problem during your absence.

If, however, there are supervisee performance concerns or a prolonged absence, an alternate supervision arrangement is required. If the supervisee is a physiotherapist intern, you will need to notify Physiotherapy Alberta that you are unable to continue the supervision agreement, and the physiotherapist intern will need to submit a new supervision agreement for approval.

Q. What aspects of supervision should be documented in the patient record?

A. In addition to having a supervision plan that describes how the supervisor will provide supervision and the progression of that supervision, certain aspects of the supervised practice should be documented on the patient record. For example, when a patient provides consent to be treated by a supervisee, the consent should be documented. In addition, when a physiotherapist assigns tasks to a support worker or physiotherapy student the tasks assigned, and parameters of treatment must also be documented. The support worker or physiotherapy student should also be made aware of any patient outcomes that would indicate a need for urgent re-evaluation by the physiotherapist.

* When physiotherapy interns are supervising support workers, the intern’s supervising physiotherapist is ultimately responsible for the intern’s assignment of services to the support worker, thereby meeting this requirement.
Appendix 1: Effective Feedback

The importance of providing effective feedback (via informal and formal evaluation) is well documented. It is critically important that both the supervisor and supervisee understand that the purpose of feedback is to describe what “good performance is, enable the student (intern or assistant) to attain that level of achievement, assist the student (intern or assistant) to self-assess, and encourage and motivate the student (intern or assistant).” Supervisees must know and understand what they do well and what needs improvement. Without such feedback, individuals can be unaware of errors and/or behavioural changes required to improve practice. Feedback can include positive reinforcement and suggestions for improvement. Those providing feedback should focus on both positive aspects of the supervisee’s performance as well as areas to improve and should provide feedback with as little delay as possible.

TIPS FOR PROVIDING + RECEIVING EFFECTIVE FEEDBACK

George F. J. Lehner, Ph. D
Psychology Professor,
University of California, Los Angeles.

Focus your feedback on:

- Behaviour rather than the person.
- Observation rather than inference.
- Descriptions rather than judgment.
- Behaviour descriptions in terms of more or less rather than ‘either/or.’
- Specific situation, preferably the ‘here and now’ rather than abstract behaviour in the ‘there and then.’
- Sharing ideas and information rather than giving advice.
- Exploration of alternatives rather than answers or solutions.
- Value it may have to recipient and not value or ‘release’ it provides the person providing the feedback.
- Amount of information the person receiving can use, rather than on the amount you might like to give.
- Time and place so that personal data can be shared at appropriate time.
- What is said rather than why it is said.
Appendix 2: Chart-Stimulated Recall

Chart-stimulated recall is a useful technique to assess a supervisee’s clinical thought process as it applies to real-life situations. Using the patient’s record, the supervisor asks the supervisee a set of standardized questions related to their patient care decision making. Sample questions* are provided below to guide discussion; other questions may arise as the discussion unfolds. Not all questions within a section need to be asked.

Communication
• Tell me about this patient.

Professional judgment and reasoning
• Outline your approach to the presenting complaint and highlight the key points.

Assessment /diagnosis/intervention planning
• You collected (history/background) information. Can you tell me why?
• How did you identify the patient’s expectations of physiotherapy?
• Patient characteristics can influence decision making. Was there anything special about the patient that influenced your patient management decisions (e.g., psychosocial issues, compliance, medical history, support systems, employment)?
• Can you tell me why you chose this type of physical/objective assessment?
• What led you to this conclusion of the patient’s clinical impression?
• What process did you use to arrive at the goals?
• Describe discussions with the patient and/or health team, including setting goals and outcomes.
• Tell me why you chose this treatment.

Treatment/evaluation
• How did you decide whether your treatment worked?
• How did you decide how often to see this patient and for what duration?
• How did you communicate with the patient regarding discharge planning?
• What steps did you take to assist community integration or communication with other care providers?
• Knowing what you know now, would you do anything differently?
• How might another discipline have benefited the patient (whose needs may not have been met with physiotherapy)?

Practice management
• Did you assign treatment components to support workers or family? If so, how did you decide which components to assign?
• On reflection, what changes would improve your ability to deliver care to this patient?

Appendix 3: Online Supervision Resources

- The Centre for Studies in Clinical Education at the University of Alberta’s Faculty of Rehabilitation Medicine, provides workshops for individuals working with rehabilitation students. Workshops are free, held in rotating locations around the province and cover topics ranging from An Introduction to Student Supervision to more advanced topics such as Working with Challenging Students.

While these workshops are directed to student supervision, the strategies discussed can have a broader application. Visit the Physiotherapy Department’s Clinical Education website at www.rehabmed.ualberta.ca/clinicaled for more information.

- The University of Alberta offers several other student supervision resources on the Faculty of Rehabilitation Medicine website: http://rehabilitation.ualberta.ca/departments/physical-therapy/clinical-education/clinicians/supervision-resources and http://rehabilitation.ualberta.ca/departments/physical-therapy/clinical-education/clinicians/supervision-resources/supervision-tips

- E-Tips (www.practiceeducation.ca) and the Preceptor Education Program (www.preceptor.ca) offer online learning modules that can be used by health professionals who work with students and other learners. The modules in the two programs cover a range of topics including orientation, fostering clinical reasoning, evaluation and effective feedback. The modules can be completed at the individual’s own pace and in their own time.
References


