



COLLEGE OF
PHYSICAL THERAPISTS
OF ALBERTA

Supervision resource guide for physical therapists

Supervision is an essential competency for physical therapists working in Canada's health care system. While no one supervision model will apply to all contexts of physical therapy practice, this guide provides a framework to support the provision of effective supervision in clinical practice to help ensure that College practice standards are met.

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INTRODUCTION

The College of Physical Therapists of Alberta (CPTA) protects and serves Albertans by regulating, leading and supporting Alberta physical therapists to help ensure competent, quality and ethical physical therapy practice. One way CPTA does this is by setting and enforcing practice standards. Members are required to work within these standards when delivering services independently or in collaboration with a healthcare team, and when supervising another individual's work.

Supervision is a dynamic and evolving process involving the oversight of another's work (e.g., physical therapist support workers, physical therapy students or another physical therapist). While no one supervision model can apply to all contexts of physical therapy practice, this guide provides a framework to support the provision of effective supervision in clinical practice, which will help ensure that College practice standards are met and maintained. Supervisory relationships may be time-limited or ongoing depending upon the individual being supervised and the circumstances necessitating the supervision.¹ Regardless of the relationship *the purpose of supervision is to help ensure the delivery of competent, quality and ethical physical therapy service.*

GETTING STARTED

Supervision is an essential competency for physical therapists working in Canada's health care system. Supervisors must not only have knowledge, skills and abilities in the clinical content area but also in the process of providing supervision. Physical therapists are responsible for assessing their competence related to providing supervision and enhancing that competence through appropriate professional development.

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. The workshops are free and held in rotating locations around the province. Workshops cover a variety of topics including 'an introduction to student supervision' and 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 Physical Therapy Department's Clinical Education website www.rehabmed.ualberta.ca/clinicaled for more information.

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

SUPERVISOR SELF-ASSESSMENT

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

- Do I have a clear understanding of the purpose of supervision?
- Do I have a clear understanding of my supervisory responsibilities?

¹ E.g., support worker who will assist in the ongoing deliver of client care; a physical therapy student requiring clinical experience to develop essential physical therapy competencies; another physical therapist requiring supervised practice as a condition of registration (e.g., has not completed the registration examination or does not meet the practice hour requirement) or as a result of disciplinary actions.

- Do I have a clear understanding of the circumstances necessitating supervision?
- Do I have the time to provide supervision including direct observation, ongoing evaluation and feedback?
- What resources (e.g., coursework, workshops and mentoring arrangements) are available to help me develop my supervisory skills?
- Do I have the interpersonal skills required to develop a successful supervisory relationship with the individual I will supervise?
- Will I be able to address performance issues with the supervised individual 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 clinical experience?
- Will I be able to assess the individual’s level of competence?
- Am I able to give direct guidance on clinical practice issues?

ELEMENTS OF AN EFFECTIVE SUPERVISION PLAN

Supervision plans are a key tool for effective supervision and should be reviewed and refined regularly. The supervised individual (for the purposes of this guide hereafter termed *supervisee*) should be involved in the plan’s development and clearly understand the context and manner in which supervision will occur.

At a minimum, supervision plans should include:

- Responsibilities
- Strategies
- Evaluation
- Feedback

RESPONSIBILITIES

A clearly defined list of responsibilities is essential. Responsibility descriptions can, and often, augment existing supervision policies and procedures for an employment facility, educational or contractual agreement. A list of key regulatory responsibilities follows below. Your employment facility or educational institute may have others.

Physical therapist	Supervisee
<ul style="list-style-type: none"> • only supervises activities they themselves are competent to perform • develops supervision plan considering patient’s needs, service delivery model and supervisee’s education, training and experience • discusses supervision plan with supervisee before assigning patient care responsibilities • communicates openly and honestly with supervisee on a regular basis 	<ul style="list-style-type: none"> • understands extent of responsibilities including boundaries established by supervisor • delivers best service/care possible • integrates learning from supervision to work • develops open, honest and respectful relationship with supervisor • upholds regulatory responsibilities if and when applicable • notifies College if supervision arrangements change when supervision is a condition of registration

Physical therapist	Supervisee
<ul style="list-style-type: none"> • conducts regular evaluations to ensure supervisee is delivering competent, quality and ethical physical therapy service • obtains informed consent from patient, guardian or substitute decision-maker regarding supervisees involvement in delivery of physical therapy services • ensures supervisee’s entries in treatment record are appropriate and meet charting standards, and if not takes timely action • ensures employer understands their professional obligations regarding supervision • arranges for transfer of supervision when not available • intervenes or withdraws from providing supervision if there are patient safety concerns or risk of harm resulting from the supervisee’s care, and communicates with appropriate authorities if necessary (e.g., mandatory reporting) • notifies the College if no longer able or willing to continue supervision when supervision is a condition of registration • identifies own learning needs regarding the provision of supervision and participates in appropriate professional development 	<ul style="list-style-type: none"> • reflects upon learning needs and participates in appropriate professional development

STRATEGIES

Supervision is a ‘dynamic’ process with continuous change, activity and/or progress. Throughout the supervision period, the supervising physical therapist must assess the supervisee’s level of competence and evaluate and adjust their strategies accordingly to ensure the ongoing delivery of competent, quality and ethical physical therapy care. Decisions regarding the most appropriate form of supervision should be made on a case-by-case basis considering the patient’s best interests, the supervisee’s competence and performance, and what is reasonable considering the service delivery environment/model.

Supervision is most effective when a combination of the following competency assessment strategies are used:

- **Direct observation** - *for assessing technical competencies and how supervisee behaves in clinical setting.*
Direct observation is a key element of supervision and is critical to ensure patient safety. It helps supervisors make an initial determination of competence and is the **only way** to monitor performance of technical skills.

Direct observation combined with focused performance feedback has been shown to facilitate more rapid skill development and confidence. Direct observation (the highest form of supervision) occurs when the supervisor is physically present while the supervisee is providing care. The supervisor can directly observe and assess competence, and correct supervisee performance if required.

At a minimum, direct observation is required:

- To make an initial determination of competence
 - When supervisee is performing assigned activity with a patient for the first time
 - When supervisee is learning a new skill or technique
 - When supervisee's performance assessment/evaluation identifies issues (e.g., conduct, clinical performance, exam performance, or capacity) with potential to interfere with delivery of competent, quality and ethical physical therapy care
- **Telepractice observation** - *for observing performance but not as accurate as direct observation.* Physical therapists practicing in remote areas may use web-based tools or telemedicine to observe performance in real-time (e.g., video). This option is not appropriate for an initial determination of competence but may be a viable option once supervisor has confidence in the supervisee's performance.
 - **Chart audit** - *can provide information regarding the completeness and quality of care provided.* Examining treatment records helps determine what has been done and whether the appropriate care was provided based on the reported symptoms. Chart audits are part of the ongoing assessment of an individual's competence with audit frequency dependant on the supervisee's competence, acuity of patients and practice environment. Chart audits also measure if the supervisee is adhering to charting standards.
 - **Chart stimulated recall** - *assesses clinical reasoning and judgment applied to a real-life situation.* This is a useful technique to determine the supervisee's clinical thought process. Using the patient's record, the supervisor asks the supervisee a set of standardized questions related to their patient care decision-making. Chart stimulated recall can be used as a regular form of supervision or when a chart audit raises questions about assessment, diagnosis or treatment plan decisions.

See Appendix on page 10 for sample questions.

- **Supervisee discussions** - *for monitoring performance after competence determination is made.* Planned outcome-based discussions should occur regularly (e.g., weekly caseload review) to monitor competence in clinical care and/or skill performance. Discussions can be in person, by phone or email.
- **Patient/health care colleague discussions** - *helps assess professional behaviour, communication and collaboration.* These discussions provide the supervisor with information or perceptions and can be useful in ongoing performance reviews. A list of structured questions can assist the discussion and help probe specific issues such as communication skills or confidence. Questions from satisfaction surveys or evaluation tools can assist in structuring questions.

EVALUATION

Regular evaluation provides valuable feedback to both the supervisor and supervisee. It also supports professional development and helps ensure the delivery of competent, quality and ethical physical therapy service.

Individual performance evaluations should reflect the following:

- Purpose of evaluation and what decisions will follow
- Standards and/or criteria used for the evaluation
- Strategies or evaluative tools available for assessment

Purpose

At a minimum, evaluations must determine if the supervisee:

- Performs activity as expected
- Performs activity but not well enough
- Performs activity incorrectly
- Cannot perform activity

Evaluation results help determine next steps and/or decisions required regarding the supervisee's continued performance of activities. Decisions can range from more independent practice to discontinuing the activity.

Standards or criteria

The organization with authority over the supervisee may determine the standards or criteria used for evaluations. For example, the University of Alberta uses the Clinical Performance Instrument² to assess physical therapy student performance and public facilities within the Calgary region use the *Therapist Assistant Role Utilization* document³ to evaluate the performance of therapist assistants.

- **Physical therapists**

In the absence of predetermined standards, the *Essential Competency Profile for Physiotherapists in Canada* (available from the Canadian Physiotherapy Association - www.physiotherapy.ca), is a good resource. The profile contains a list of essential competencies physical therapists must demonstrate upon entry to the profession and maintain throughout their professional career. The profile is grouped into seven dimensions: three professional behaviours and four clinical care behaviours.

Professional behaviour:

- **Professional accountability** - assumes professional responsibility and demonstrates safe, ethical, culturally sensitive, and autonomous professional practice
- **Communication and collaboration** - communicates with clients and other professionals to collaborate and coordinate services

² The clinical performance instrument assesses physical therapy student performance in five areas: quality of care, supervision/guidance required, consistency of performance, complexity of tasks/environments and efficiency of performance.

³ The Therapist Assistant Role Utilization document outlines patient care tasks for therapist assistants working in Calgary Health Region.

- **Professional judgment and reasoning** - applies principles of critical thinking, while solving problems and making decisions

Clinical care behaviour:

- **Client assessment** - assesses client's physical and psychosocial status, functional abilities, needs and goals
- **Physiotherapy diagnosis/clinical Impression and intervention planning** - analyses data collected, establishes physiotherapy diagnosis/clinical impression and prognosis, and develops client-centred physiotherapy intervention strategy
- **Implementation and evaluation of physiotherapy Intervention** - implements physiotherapy interventions to meet client/patient needs, evaluates their effectiveness for the client and incorporates findings into future intervention
- **Practice management** - manages physiotherapist's role and implements physiotherapy services within the diverse contexts of practice

The Competency Self-Assessment Tool, which forms part of CPTA's new Continuing Competence Program and is based on the Essential Competency Profile for Physiotherapists in Canada, is another resource that can be used for evaluations.

- **Support workers**

An essential competency profile for support workers is also available (*Essential Competencies of Physiotherapist Support Workers in Canada 2002*) and can be purchased from the Canadian Physiotherapy Association. The support workers profile includes the requisite knowledge, skills and attributes for two different support worker categories:

- Those who have completed formal training
- Those who have completed on-the-job training

The five units of competency for support workers are:

- Accountability
- Collection of client information
- Intervention
- Communication
- Organization and delivery of physiotherapy services

Tools

Using standardized evaluation tools is crucial when making decisions about changes in the supervisee's level of competence. The organization with authority over the supervisee may direct that a specific evaluation tool be used. If not, the supervising physical therapist must establish a measurement standard. To help do this, ask yourself "*what will it look, sound and feel like if the person is achieving this objective?*"⁴

⁴ Handbook for Clinical Supervision. University of Toronto. January 2006.

In their article, *Defining and Assessing Professional Competence*, Epstein and Hundert used an assessment which applies the following rating scale to specific dimensions of competence.

- **Knows** – ability to recall facts, principles and 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

FEEDBACK

The importance of providing feedback (via informal and formal evaluation) is well documented in literature and from supervisee comments. Supervisee's must know and understand what they do well and what requires improvement.

In the absence of such feedback, individuals can be unaware of errors and/or behavioural changes required to improve practice. Feedback helps supervisees understand how others observe what they did, how it was done and the consequences of their behaviour. Feedback can include positive reinforcement, constructive criticism and suggestions for improvement. Increasing awareness of one's actions enables individuals to modify and change their behaviour, thereby becoming more effective in their interactions with others and/or improving performance.

WHEN AND WHY SUPERVISION GOES WRONG

Supervisory behaviour known to contribute to unsuccessful, inefficient and poor quality supervision include:

- Failure to offer support
- Lack of content knowledge
- Not teaching
- No or indirect feedback to supervisee
- Emphasizing negative aspects of performance
- Being too rigid
- Not reflecting on one's own professional development needs
- Having little empathy

Supervisee behaviour such as inaccessibility, lack of commitment to supervision, time pressures and failure to address poor performance or patient safety concerns can also contribute to ineffective

TIPS FOR PROVIDING AND RECEIVING EFFECTIVE FEEDBACK

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

Focus feedback on:

- **behaviour** rather than the person
- **observations** rather than inferences
- **descriptions** rather than judgment
- behaviour descriptions in terms of **more or less** rather than 'either or'
- **specific situation**, preferably to the 'here and now' rather than to abstract behaviour in the 'there and then'
- **sharing** of ideas and information rather than giving advice
- **exploration of alternatives** rather than answers or solutions.
- **value** it may have to **recipient** and not the value or 'release' it provides the person giving the feedback
- amount of information that the **person receiving it 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

supervision. If you as a supervisor have concerns about the supervisee’s performance, you must take immediate action. Table 1 below, can help guide you through the process.

Table 1:

<p style="text-align: center;">Supervisor has concerns about supervisee’s performance</p> <p style="text-align: center;">Together the supervisor and supervisee develop corrective measures and document it in a formal plan. The corrective measures include specific goals and timelines. Supervisor reevaluates and adjusts, if necessary, the supervision strategies (e.g., direct observation vs. discussions with supervisee) necessary to ensure the provision of competent, quality and ethical physical therapy.</p>		
<p>IMPROVEMENT</p> <p>Supervisee makes necessary changes such that the supervisor’s concerns are alleviated.</p> <p>Supervisor and supervisee discuss ongoing supervision strategies. Supervisor monitors supervisee’s performance.</p>	<p>SOME IMPROVEMENT</p> <p>Supervisee’s practice improves but not to the level expected.</p> <p>Supervisor reviews plan with supervisee and makes changes if necessary. The revised plan is documented and supervisee informed of consequences if practice does not improve.</p> <p>Supervisee’s practice improves - supervisor and supervisee discuss ongoing supervision strategies. Supervisor monitors supervisee’s performance.</p>	<p>NO IMPROVEMENT</p> <p>Supervisor discusses concerns with and seeks advice/guidance from employer, academic institute and/or College. Supervisor reviews plan with supervisee and makes changes if necessary. The revised plan is documented and supervisee informed of consequences if practice does not improve.</p> <p>Still no improvement - supervisor exercises authority to withdraw from supervisory role after advising organization with authority over supervisee (e.g., employer, academic institute or College).</p>

While supervising physical therapists are accountable for determining the physical therapy services assigned to the supervisee and for providing effective supervision, they may not have hiring/firing authority over the supervisee and must rely on the employer’s support for those decisions.

If a conflict exists between the employer’s needs and supervising physical therapist’s responsibilities and expectations, the College’s practice standards prevail and must be communicated to the employer. In extreme cases, where a physical therapist feels they cannot meet their professional obligations they should decline or refrain from providing supervision.

QUESTIONS AND ANSWERS

Q. What are my responsibilities as a physical therapist when I supervise a support worker who provides both PT and OT functions for a shared patient?

A. You are responsible for supervising support workers if and when they perform delegated *physical therapy* tasks. Because physical therapists and occupational therapists have some 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 physical therapy interventions for which you are responsible.

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. However, as the supervising physical therapist you are responsible for ensuring patient record entries made by the supervisee meet College charting requirements, and review the record as part of the ongoing assessment of the supervisee's competence. Your signature or electronic audit on the record reviewed serves as proof you have reviewed the notation to ensure appropriate care is being provided and the charting requirements are met.

Q. Do the requirements to supervise support workers differ in the long-term care setting?

A. No. In an active treatment model where physical therapists delegate components of the physical therapy treatment program to support workers, the physical therapists must provide appropriate supervision considering the patient's best interests, the support worker's competence/performance and what is reasonable considering the service delivery model.

Q. What are my responsibilities when I co-share supervision with another physical therapist?

A. Your responsibilities are outlined on page 2 and 3 of this guide. When two or more physical therapists co-share supervision, it is ideal that they collaborate in developing and refining the supervision plan with the supervisee. A clear understanding of the working relationship and responsibilities that is shared and understood by all parties will not only provide clear direction for the supervisee but will support effective supervision.

Q. Do I need to be onsite at all times when providing supervision?

A. The purpose of supervision is to help ensure the delivery of competent, quality and ethical physical therapy service. Some aspects of effective supervision require that you, as the supervising physical therapist, are onsite and accessible. For example, you must be onsite initially to observe the supervisee's performance in order to determine their level of competence, when the supervisee is learning a new skill, to conduct supervisee evaluations, and anytime you have concerns about the supervisee's performance. You may be able to provide some forms of supervision off-site once you have determined the supervisee is competent and performing to acceptable standards.

APPENDIX: CHART STIMULATED RECALL

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 questions⁵ 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**

Please outline your approach to the presenting complaint and highlight the key points.

- **Assessment /diagnosis/intervention planning**

I see you collected (history and background) information. Could you tell me why you collected it?

How did you identify the patient's expectations of physical therapy?

Patient characteristics sometimes influence decision-making. Was there anything special about this patient that influenced your decisions regarding management (e.g., psychosocial issues, compliance, past 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 any discussions you had with the patient and/or health care 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 this patient (whose needs may not have been met with physical therapy)?

- **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?

⁵ Adapted from the College of Physiotherapists of Ontario's Chart Stimulated Recall (CSR) Worksheet, 2004.

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