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Review Article

Clinical Supervision for Quality Teaching Practices Among Educators of Health Professionals

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A B S T R A C T

Educators use clinical supervision as a formative skill development method. The supervisor establishes an environment of mutual trust and open communication for the supervisee. Based on accepted theory and proactiveness, they select strategies that are suitable for the teacher's level of maturity. This technique has long been accepted as a method for motivating teachers to take charge of their own development. In this article, we reviewed the role of clinical supervision or educational supervision in improving teaching practices among the educators of health professionals. Briefly, we have constructed an overview of accreditation practices in Nepal and discussed the suitable framework for implementing clinical supervision in an organization. We conclude that despite being a reflective and person-centered technique for enhancing the teaching practices of the health profession and its widespread acceptance, clinical supervision remains underutilized in Nepal.

Keywords: Clinical Supervision, Health Professionals, Education, Reflection

Introduction

With the establishment of the Medical Education Commission directly under the prime minister's purview, Nepal has experienced significant changes in the education of health professionals, but the professional development of the educators of health professionals needs further attention. Possibly due to the infancy of its establishment, the commission's role is limited to keeping a record of the educators of health professionals and assigning seats based on set eligibility criteria. Even though there are some institution-run training programs for medical institutions to improve their learning environment, the efforts are limited to conducting training occasionally. Although the professional councils regulate the professional conduct of health practitioners, the practice of monitoring, evaluating and developing educators of health professionals is non-existent to date. Thus, there is evidently a major need for sustainable and effective methods to improve the learning experience of students in Nepal's health professionals' education sector. The use of clinical supervision is perhaps one of the preferred methods that empower educators through the use of mentoring philosophy. This manuscript explores clinical supervision and its underlying conceptual framework, together with how it can be integrated into health professionals' education by institutions or even educators themselves.

Clinical Supervision

Clinical supervision in education is a technique to improve

teachers' instructional practices using formative evaluation. A valid instructional theory underpins this instructional improvement, which emphasizes the use of teaching behavior and decisions. It can build a culture that is educational, self-aware, focuses on high-quality service, and has an outward mindset.[1] The governing bodies inspect the educational institutes associated with the medical profession to measure productivity, but for students to improve academically, effective instruction is key, which cannot be achieved through inspection alone. Punitive inspection reinforces restrictions and lowers instructors' confidence in their ability to make independent professional decisions. Like all humans, educators don't like being inspected which has turned into a negative culture of 'fault finding'. In place of pointless tic box tasks, a trust-based relationship is called for, which evaluates the educators and supports them as well as enhances their performance. Such a non-judgmental environment can result in an educator who can balance societal and individual needs, understand how students learn, and learn how to achieve effective instructional guidance.[2]

Context of Higher Education in Nepal

Quality Assurance and Accreditation (QAA) is one of the University Grants Commission's efforts to reform higher education in Nepal. One of the major objectives of QAA is to support higher education universities, institutions and programs to develop mechanisms for quality assurance. To achieve academic excellence, the QAA guidelines for educators advocate abstract concepts like good practices in teaching, learning, and evaluation. However, they do not provide specific criteria for assessing what constitutes the true definition of quality assurance.[3] The accreditation criteria of Nepal closely resemble the model adopted by the National Assessment and Accreditation Council (NAAC) of India for granting accreditation. The NAAC, however, has rubrics specifying the qualifications and recognition of educators.[4] Nepal must adapt its perception of quality assurance in higher education in order to seek out appropriate models globally and incorporate best practices in evaluating higher education, such as problem-based and project-based learning, clinical supervision, apprenticeship programs etc. Within the field of medical education, the Medical Education Commission refers medical education department as a crucial entity in providing quality education related to the health profession within the field of medical education. However, process-related criteria for evidence-based best teaching practices have been omitted.

Conceptual Framework

Clinical supervision or instructional supervision is based on trusted working relationships between people with varying degrees of competence in different domains. It flattens the power differential, which allows the supervisor and learner to discuss concerns on a more unranked ground. The dialogical nature of reflection facilitates learning behaviors such as seeking help and feedback, sharing information, exploring errors, and communicating.[1] Clinical supervision not only provides formative feedback but also ensures quality maintenance (normative) and enables supervisees to process their natural feelings, thereby restoring wellness and resilience (restorative). In the Proctor framework,[5] a restorative role entails more than just giving basic support because it adds a constructive element for restoring and replenishing. The practice of clinical supervision has thus become widely popular as a means of improving teacher competence. The most appropriate model underlying clinical supervision is the Staff Development Model of Supervision. Figure 1 depicts its conceptual model of supervision.

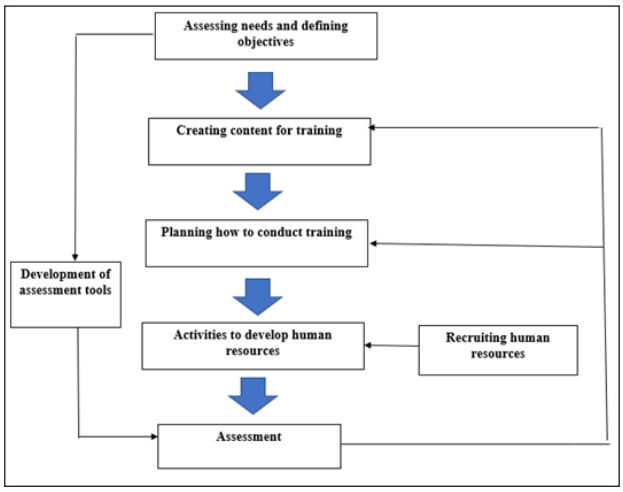

Figure 1.Essential Model of Staff Development[6]

It is an ongoing cyclical process starting from understanding the needs of the supervisee.[5] The recent approach is based on positive psychology where the focus is placed on enhancing the strength or circumventing the weakness,[6] but perhaps educators' participation in an engaged discussion of modality is of utmost importance. For effective relationships to be developed there is a need for local and personalized approaches. It is unfortunate, that despite the extolling benefits, clinical supervision has long been neglected by researchers. Empirical studies on health professionals' education provide scant evidence about what constitutes best practice models for clinical supervision in this field. While empirical evidence is lacking, trainees in the health profession are clinically supervised in clinical settings to ensure better patient care.[1] Nonetheless, individual educators must discover the benefits of clinical supervision for themselves as they take responsibility for how it fits within their own contexts.

Incorporation of Clinical Supervision

Goldhammer's model, modified by Mandy's model

as described in Milne et al.,[7] is a widely adopted four-stage model (Figure 2). It begins with a pre-observation conference which facilitates enabling partnerships through constructive discussion about practice, identifying issues of concern, and celebrating positive outcomes. The supervisor tries to understand his or her teaching perspective and how it can relate to the class. The conference ends with the supervisor and teacher establishing an agreement highlighting the reasons for supervision and the agenda to be studied which will be useful for feedback. The supervisee may gain greater autonomy in the process as a result of such an empowering experience. Next is the observation stage, where the supervisor observes the supervisee's class and collects data relevant to approved agendas. To make the reflection more authentic, a video of the supervisee can be recorded during the class. During the data analysis stage, the supervisor can approach this stage in two ways: provide information to the supervisee regarding the data pattern or lead the supervisee with data to data pattern. The supervisor and supervisee independently decide on the topic and approach of the post-observation conference to guarantee quality in their relationship. On the post-observation conference stage, the duo discusses the findings of the observation stage. Reflection is then led by the supervisee. Supervisors encourage supervisees to recall their experiences without self-judgment. It is important for supervisors to listen actively. In education, supervision has proposed listening more and talking less. Mandy's model also advocated an added stage, which involves further reflection and insights. This stage can also be used for the next clinical supervision session.

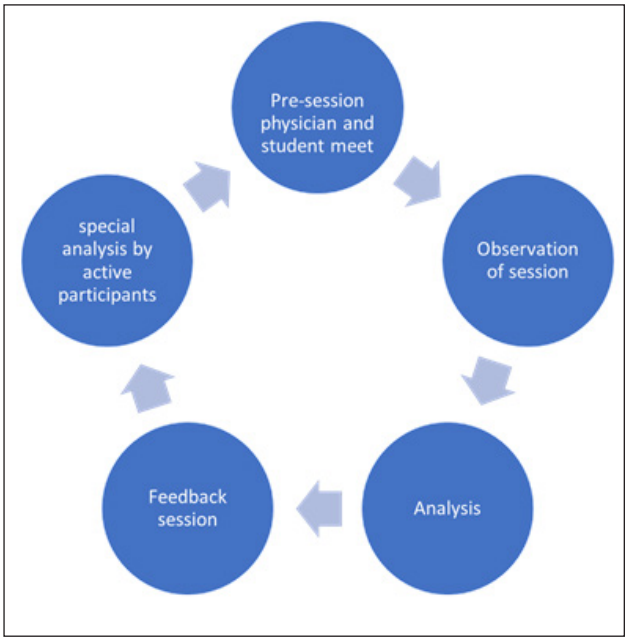

Figure 2.Depiction of Adapted Goldhammer's Supervision Cycle[7]

limitation

It should be noted that the study has several limitations. Due to the nature of the study, it is a methodological review, so the study is devoid of empirical data and uses theoretical frameworks and analyses of existing practices as its basis. Thus, the effectiveness of clinical supervision in Nepal cannot be evaluated concretely. Furthermore, establishing clear benchmarks for evaluating clinical supervision is difficult in Nepal without specific and acceptable quality assurance criteria.

Conclusion

Health professional schools in Nepal have weak and insufficient educational capacity which makes it difficult for the students of the health profession to acquire clinical skills. In the workplace, health professionals' accounts of the psychological and physical stress placed on them highlight the cultural effects of weak support systems. Therefore, it becomes imperative to build up a culture of formal professional support and skill development, ensuring and enabling practitioners to assume responsibility for their own practice. By providing effective professional support, clinical supervision provides a safe place to discuss personal and professional needs and learn from experience. This is a different approach to reflective practices from the usual overloaded formal, informal, and ad hoc meetings that deal primarily with the needs of patients, clients, relatives, and co-workers.[8] A relational approach is the lynchpin of clinical supervision that facilitates the transition from human doing to human being.

Conflict of Interest: None

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