

The art of supervision for occupational therapists

Claudia von Zweck, CAOT Executive Director

Over 60 per cent of Canadian Association of Occupational Therapy (CAOT) members regularly assign work to support personnel in the course of providing services to clients (CAOT, 2006). Ultimately, occupational therapists are accountable for any assigned tasks and are expected to effectively supervise the work of support personnel to ensure the attainment of anticipated client outcomes (College of Occupational Therapists of British Columbia [COTBC], 2004; College of Occupational Therapists of Ontario [COTO], 2004). Clinical expertise however does not ensure that occupational therapists possess the broad range of skills needed to supervise others. One of the few studies examining supervision skills among occupational therapists found that many do not find supervision a comfortable task and adopt an egalitarian approach that hampers the success of their supervision. A lack of positive role modeling, theoretical exposure and supervisory training, in addition to time restraints contributed to their lack of comfort as a supervisor (Sweeney, Webley, & Treacher, 2001a).

Supervision is much greater than the simple assigning and managing of work. To be successful, supervision must be seen as an art: an interactive

context. The supervisor fairly negotiates roles and responsibilities, monitors performance and assists in identifying and meeting learning needs to guide professional development (Baptiste, 2001; Sweeney, Webley, & Treacher, 2001b).

Supervisors need a range of leadership styles and approaches to address the differing personalities and responsibilities of the people they may supervise. As individuals gain experience and move through different stages of a developmental supervision process, leadership styles also require modification over time.

A supervisor's leadership style should be determined by the nature of the work and the ability and willingness of a provider to complete the task. Because individual providers exhibit varying levels of ability and willingness to perform certain tasks, a supervisor needs to be able to offer different amounts of task and relationship behaviour. There are two types of task and relationship behaviours:

1. Task behaviour involves the supervisor organizing and defining the roles of workers and their tasks.
2. Relationship behaviour uses collaboration and involvement of workers in decision-making about matters that concern them.

With the relationship behaviour, the supervisor serves as a mediator to enhance the fit between the individual and the workplace to create an environment where all personnel are made to feel important as members of a team, where they do their best, cooperate with others and share ideas and suggestions. Benefits of such supervision practices include better solutions, increased acceptance of decisions, improved motivation and better respect for the contributions of others. Also, it provides greater opportunities for workers to use their judgment in completing assigned responsibilities

Individual support workers also need to take responsibility to proactively seek out good supervision. Previous negative experiences with supervision as well as personal inhibitions, organizational issues and/or cultural differences may result in behaviours that impede supervision. For example, Sweeney and colleagues (2001b) found supervision effectiveness

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process of educating, managing and supporting support personnel. Supervision enables the development of requisite knowledge, skills and judgment and provides needed workplace resources for support personnel to carry out their assigned responsibilities.

Roles in the supervision process

The role of the occupational therapist is critical in establishing positive and open relationships that are the basis of effective supervision. Supervisors need to foster communication and collaborative problem solving by providing clear and specific direction, sharing information and experiences and placing the work assigned to support personnel within a larger

was lessened for individuals who were unwilling to expose vulnerabilities to supervisors to safeguard their sense of competence.

Supervisory functions

Supervision involves the three distinct but overlapping functions of educating, managing and supporting. The activities involved in these functions interact; through this interaction, needs are identified and strategies are developed to gain the resources and/or knowledge, skills and judgment expected in completing assigned work tasks. The primary focus of occupational therapists in these functions is to attain expected outcomes for the client. Other traditional line management responsibilities for human resources such as recruitment and hiring often do not fall to the occupational therapist that assigns tasks to a support worker but are assumed by another supervisor.

(a) Educating

To develop the competency of a support worker for completing tasks that meet client needs, educating functions are addressed as necessary. Competency is a multi-faceted and dynamic concept relating to the ability of using knowledge, skills and judgment in the full range of situations that may fall within an individual's scope of responsibility. (Lysaght & Altschuld, 2000; Salvatori, 1996). Competency is influenced by many factors, including the development of new knowledge and technology and changes in the location of service delivery or the populations served (Youngstrom, 1998). Therefore, competency development must be an ongoing and lifelong process.

Competency assessment is inherent in the process of assigning work and is vital to ensure the capability of a provider to safely and appropriately complete a task (McConnell, 1995). This appraisal process can be difficult because of the subjective nature of competency (Salvatori, 1996). Competency appraisal for support workers in Canada is further complicated by a lack of standard knowledge and skill requirements for practice in this role (Loomis et al, 1997; Salvatori, 2001).

The know-can-do hierarchy has been suggested as a useful framework for the assessment of clinical competence (Salvatori, 1996). This hierarchy reflects the developmental process associated with acquiring competency in a field of practice. These levels represent the maturation of clinical reasoning skills that are transformed through experience and reflection (Robertson,

1996) and are as follows:

- Know level - practitioners understand a task conceptually but are limited in the practical application of the skill.
- Can level - practitioners are able to use their knowledge and skills to perform the task under limited and restricted conditions.
- Do level - practitioners reflect on the application of knowledge and skills as well as judgment.

Different methods of evaluation are necessary to appraise competency at the know, can and do levels. Written quizzes and examinations administered following continuing education activities are examples of commonly used competency assessment tools at the know level. Interviews and direct observation assess competency at the can or do level. Outcome measurements, satisfaction surveys and chart audits are used to appraise different aspects of performance at the do level (Salvatori 1996; Salvatori, Baptiste, & Ward, 2000).

Competency development involves a facilitated process that encourages reflection on past experience to analyze issues and problems, clarify goals, identify strategies and establish an appropriate plan of action (Nicklin, 1995). Reflection as part of the competency development process assists a worker to learn from experience by exploring assumptions, beliefs, ideas, actions and behaviours (Kinsella, 2001). Active experimentation with new ideas, theories and approaches assist in the management of similar experiences in the future.

(b) Managing

Managing functions are directed toward assisting support personnel to obtain the equipment and supplies, space, staffing and other resources needed to effectively and efficiently carry out assigned work tasks. Inherent in these functions is the promotion of a workplace culture that utilizes ethical and safe practices in the delivery of services (Gage, 1997). Additional important management activities include establishing roles and procedures with clear expectations and boundaries. These activities are necessary to avoid role confusion and conflict in the relationship between professionals and support workers that have been documented in the research literature (Dillon, 2001; Loomis et al, 1997; Workman, 1996).

About the author –
CLAUDIA VON ZWECK,
PHD, is the executive
director of CAOT. You
can contact Claudia at
cvonzweck@caot.ca

(c) Supporting

Support workers are frequently involved with service delivery on more than one team, working with different professionals and relating to a separate supervisor, who is often a member of another discipline. The lack of continuous contact with other team members makes it difficult to establish and maintain a consistent role and build relationships needed for successful teamwork (Cyr et al., 2001).

Providing different types of support can assist workers to feel they are cared for and esteemed and part of a valued team with mutual obligations (Leonard & Corr, 1998). Emotional support provides empathy, caring and trust in the relationship with the worker. Informational support assists workers to help themselves by creating an awareness of issues and events that affect their work. Appraisal support assists workers in self-evaluation and in the development of role identity.

Supervision plans or agreements provide a framework for supporting functions and are key to building trust in the supervisory relationship (Hunter & Blair, 1999). Agreements are developed with individual providers to outline methods and frequency of communication, performance expectations and appraisal mechanisms (COTBC, 2004; COTO, 2004). Performance expectations are determined by examining the purpose of the work, required outcomes, location and methods of service delivery and competencies needed to complete the work.

Factors such as time constraints and multi-site operations challenge traditional methods of supervising occupational therapy support workers (Cyr et al., 2001). As a result, supervisors need to establish guiding principles rather than relying on only direct supervision to support and promote the performance of individual providers (Queeney, 1996). Teleconferences, e-mail communication and videoconferencing may be used to supplement limited face-to-face contact to meet with individual workers and/or bring personnel together to promote teamwork and collaboration (Schell & Slater, 1998). Quality assurance mechanisms are also important to evaluate the effectiveness of interventions and staffing patterns and promote clinical excellence (Schell & Slater, 1998).

Effective supervision facilitates the work of support personnel, promotes competency development and ensures the quality of service provision. As well, competent supervision can lead to greater job satisfaction and a stronger sense of role identity (Morris, 1995) by providing opportunities to share problems

and ideas, appraise performance, challenge conventional thinking and develop new learning (Hanft & Banks, 1999; Hunter & Blair, 1999). Reported outcomes include the appropriate use of resources (McConnell, 1995), beneficial caseload management practices (Fortune & Ryan, 1996), synergistic teamwork (Gage, 1997) and maintenance of standards for quality of services (Burrow, 1995). Educating, managing and supporting are essential supervision practices for promoting the collaboration and interdependence that ultimately benefits everyone, including the individual workers, organizations and consumers of the services.

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