

SOME BRIEF SUPERVISION TECHNIQUES THAT MIGHT ALSO BE USEFUL FOR MENTORS

IT'S NOT PSYCHOTHERAPY, BUT:

Be alert to dynamics and don't let supervision or mentoring become the Registrar's psychotherapy

Similarities:

- regular, structured 1:1 times (more so with supervision than mentoring)
- development of rapport
- disclosure & sharing of experiences
- transference/countertransference can occur
- unequal power relationship (more so with supervision than mentoring)

How to stop it becoming therapy:

- be alert to dynamics & process issues
- talk frankly about supervision or mentoring not being the same as therapy if you become aware of the problem
- move session content to less personal areas – training tasks, career-planning, etc.
- discuss with Director of Training
- encourage trainee to get their own personal therapy

It's not Psychotherapy



Goal Lists – basic principles

S pecific
M easurable
A chievable
R ealistic
T imely

Elements of Supervision (and to some degree, mentoring)

- The Frame
- The Content
- The Process

The Frame

Note that this structure has a “holding” function and is important in establishing the relationship, and trust

The framework, structure and practicalities of the mentoring relationship:

- Respond reliably to contacts from the registrar (however you've set this up – by email or phone, etc.)
- Mentoring meetings should be scheduled and both parties should attend reliably
- Ideally, meet in the same setting like a work setting, rather than, for example, at a coffee shop which inhibits confidential discussions

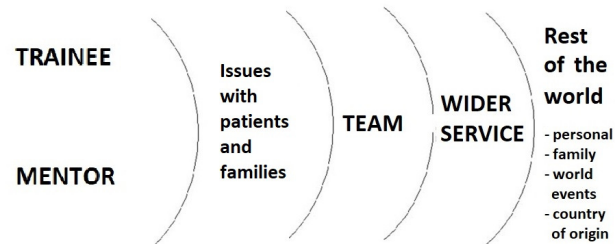
The Content

- **Identify trainee's expectations**
 - may need to provide more guidance for junior trainees on how to use mentoring
- **Identify trainee's needs and goals**
 - Training-specific goals
 - Career goals
 - Balancing personal life and work goals, etc.

The Content

- **Areas of Focus - examples**
 - On general clinical situations they're encountering
 - On strategies and interventions they could use
 - On process and dynamic issues (e.g. transference & counter-transference)
 - On systemic issues the trainee's experiencing within teams, DHB systems, etc.
 - On more personal issues for the trainee, their coping, life/work balance, how they manage self-care
 - On specific College training tasks

Who's in the Room ?



The Process

- Rapport and support – establish trust
- Respect for trainee
 - Manner of interaction
 - Confidentiality of issues
- Secure relationship lets difficult issues be addressed
- Motivating – positive and encouraging
- Provision of good modelling and leadership
- May need to discuss “process issues” in the trainee-mentor relationship at times, and resolve any problems

The Process

Allowing the trainee to grow, be independent and to make some mistakes

- Trainees will have different developmental levels
- More direct assistance to determine the content of sessions may be needed if trainee is quite junior
- More of a peer:peer relationship later in training
- Trainees can regress if stressed or faced with exam-failure or coping with a new subspecialty and may need more support at those times

Tactics

- **Support and empathy**
- **Guided problem-solving and use of Socratic questioning to help trainee find solutions and explore options**
- **Model skills**
- **Let them ventilate – catharsis**
- **Advice**
- **Process interpretations and feedback**

