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# CLINICAL SUPERVISION-SUPERVISORY MODELS, STYLES AND STRATEGIES

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**Abstract**: Supervisory processes imply a relationship between a supervisor and a supervisee that is intended to be fruitful and conducive to an adequate and contextualized development of personal, technical and professional skills. In order to obtain the best results with this process, it is imperative to adopt supervisory models, styles and strategies that facilitate an effective teaching-learning process. The quality of the teaching-learning process depends on the type of relationships established between students, teachers and practitioners, with a relationship of help and support being essential to increase the levels of satisfaction of those involved. Supervisory models translate an explanatory matrix based on an organized body of concepts or ideas that facilitate the thinking process and guide action, promoting the achievement of effective results in terms of the teaching-learning process. Supervisory styles must be anchored in different methodologies and strategies, based on behaviors, attitudes and expectations in relation to the supervisee, adapting interventions and developing effective communication. The supervisor must face different situations and collect the necessary information to implement a supervisory model of support and monitoring, facilitating the development of the supervisee's skills, based on the outlining of appropriate supervisory strategies.
**Keywords**: Supervisory Relationship; Supervisory Styles; Strategies; Nursing.

Supervisory processes imply a relationship between a supervisor and a supervisee that is intended to be fruitful and conducive to an adequate and contextualized development of personal, technical and professional skills.

For Pinheiro, Macedo and Costa (2014), clinical supervision has been seen as a vertical process because the relationship established between a supervisor and a supervisee who are in different places in terms of knowledge and knowledge. According to the authors, this process works better if there is greater follow-up and proximity, and the concept of collaborative supervision can take on another highlight insofar as it mainly aims at "interaction and mediation between supervisor and supervisee and the sharing of knowledge, experiences and fundamental objectives in the current context of continuing education in Nursing" (PINHEIRO; MACEDO; COSTA, 2014, p. 102).

A good supervisory process implies knowledge of the different objectives of the teaching-learning process, in the sense of mobilizing strategies and appropriate forms of intervention for students, aiming at the development of skills and knowledge that promote the acquisition of competences. What is intended is the development or *empowerment* of the ability to analyze, evaluate and intervene in a particular situation, promoting levels of responsible autonomy.

The establishment of a fruitful supervisory relationship is essential for the success of the teaching-learning process and comprises the relationship between supervisor and supervisee, guided by a pleasant atmosphere from an affective and relational point of view. It is important to see this relationship as a collaborative one, in which there is no strong hierarchy that suggests superiority. For this, it is urgent to establish a relationship where the annulment of the other or asymmetries does not predominate, seeking joint participation and the sharing of experiences, since the difference between these two elements lies in their level of knowledge and experience, in which the first is available to share what he knows, contributing to the development of skills in the second.

The objective is for the supervisor and the supervisee, based on the establishment of a supervisory relationship, to identify problems

of a clinical nature and outline strategies for their resolution, favoring learning based on proactivity.

To this end, Wall, Fetherston and Browne (2018) suggest the creation of a favorable learning environment, based on feelings such as affection and availability, promoting the establishment of a relationship of trust in which support and relationships between supervisees and supervisors, where everyone collaborates for the success of learning, for the quality of care and for the satisfaction of everyone involved in this process.

Chaves *et al*, (2017) consider that, for the supervisory process to be effective, it is important to establish functional communication between those involved, in a horizontal and reciprocal manner, promoting the development of skills as it leads to processes reflections to facilitate care planning, aiming at comprehensive care. It is from reflection on the action that results in care planning that is more adjusted to the needs of the person, instilling in the supervisee the duty to think about what he is doing, making him co-responsible for the nursing care he provides.

It is essential for the supervisor to advise, support and monitor the entire continuous training process, favoring the context in which it occurs and promoting the quality of care provided.

It is known that the good relationship established between supervisor and supervisee will facilitate the supervisee's learning process, instilling in him a sense of responsibility for his training, which will have a direct implication in the process of professional socialization as a student and later, in the role of professional life, facilitating the process of integration into professional life and the experience of positive professional transitions.

The clinical supervision process involves a triad – professor, supervisor of the clinical context and student, in which they actively collaborate in sharing pertinent information about the evolution of the student's teaching-learning process, in identifying difficulties and in defining joint strategies for the success, including the student as the central focus of the training process. For this, it is very important that the objectives of clinical teaching are well defined, prioritizing areas of knowledge, recognizing difficulties and needs of students in order to be overcome and met respectively, making students co-responsible for their learning process and autonomy.

In this sense, for a positive process to be revealed and with an impact on the development and training of the student, it is necessary that he be able to assume an active role in his learning, to evaluate the situations he experiences and to self-evaluate, correctly identifying the its limitations, its strengths and its capacity to grow as a person and professional and being aware of what it knows and what it does not know in order to define what it needs to learn, assuming an active role and with autonomy to manage its process of teaching-learning (BASTIDAS-BILBAO; VELÁSQUEZ, 2016).

The articulation between the different mediators of the supervision process enables a meeting that is intended to facilitate the development and acquisition of skills and, consequently, the teaching-learning process.

For this to be possible, the supervisory environment or context needs to be favorable to learning, characterized by respectful interpersonal relationships with continuous sharing of objectives and expectations created by both intervenients/mediators.

In the opinion of Martinho *et al.* (2014, p.101),

> The contexts of practice are privileged places of contact with professional reality, allowing students to prepare for the future through experiences that they acquire, develop and perfect knowledge, as well as becoming aware of the areas of not knowing

that still remain. being present in their pre-professional path.

Clinical teaching proves to be a unique experience for the teaching-learning process of nursing students, translating one of the most important experiences throughout the course, as it is at this moment that they are allowed to put into practice the knowledge, skills and techniques internalized and developed in the theoretical, theoretical-practical and laboratory component, essential for their future profession.

For Riet, Levett-Jones and Country-Pratt (2018), clinical teaching translates into a specific environment, which offers a set of learning opportunities, which lead students to develop and acquire skills, knowledge and attitudes in the field of nursing.

It is mainly in clinical teaching that students, when confronted with the practical and real context of providing nursing care, gain a precise notion of the profession they have chosen; what characterizes it and how the knowledge acquired in the theoretical school context is operationalized in practice.

In this context, clinical teaching is considered a privileged moment for the development of learning and for the consolidation of knowledge acquired in the theoretical context, in which theoretical and practical knowledge coexists, allied to the student's personal characteristics, which facilitate or hinder learning., determining choices, actions and decisions. Practical experience in health units promotes the transformation of theoretical knowledge into care, which implies the construction of new knowledge.

Clinical teaching plays a fundamental role in the personal and professional training of students, being characterized by complex and even unpredictable concepts, which require constant processes of reflection on and about action from those involved in the teaching-learning process. Only based on these reflective processes, the student can internalize knowledge and provide effective learning, in accordance with the educational objectives outlined, and the quality of the teaching-learning process depends on the type of relationships established between students, teachers and professionals in the field. practice, being essential a relationship of help and follow-up to increase the levels of satisfaction of those involved. But, in addition to this, it is important that there are appropriate models for each context.

A model translates an explanatory matrix based on an organized body of concepts or ideas that facilitate the thinking process and guide action. There are different models of "clinical" supervision, all of which offer some advantages and reveal some weaknesses. Not being exempt from some limitations in the scope of its effectiveness, it always requires an adaptation to the context, to the characteristics of those involved and to the objectives outlined for the training process. The objective is to obtain effective results in terms of the teaching-learning process, with clear communication between health institutions and schools being essential based on supportive collaborative relationships and reflective strategies for building personal and professional identity.

According to Carvalho *et al.* (2019), each supervisory model is developed according to structural axes, namely: i) context; ii) nursing care; iii) personal development and iv) supervision. The context refers to the environment where nursing care is developed, being characterized by different levels of complexity that will exert a direct influence on the remaining axes.

In the opinion of Abreu (2007), in order for professionals to provide quality care, centered on meeting people's needs, it is important to have a structuring and systematized model

that guides a quality practice. In this sense, this model is based on certain assumptions, namely: i) facilitating the establishment of interpersonal relationships centered on the person in need of care; ii) definition of realistic objectives; iii) resource optimization; iv) promotion of continuous quality improvement; v) production of organized, systematized and reliable information that facilitates decision-making processes and vi) that knowledge results from the dialectic between knowledge and action.

Carlos *et al.* (2018, p. 16) cite Schön who defends four distinct processes for training, namely: knowledge in action (knowing how to do); reflection in action (thought); reflection on action; reflection on reflection in action (as retrospective thought processes on a given situation), noting that

> […] the moment of supervised teaching practice is, more and more, assumed to be effectively essential in the process of qualification for teaching and professional development, with pedagogical supervision being understood as a process of orientation of the supervisor in relation to the supervisee, in the towards improving practices.

Abreu (2007) and Macedo (2012) refer to some models of clinical supervision based on the supervisory relationship; function and process of psychotherapeutics, of which the following stand out:

- Proctor's model (1991), in which clinical supervision comprises three structuring functions: *Normative,* which includes initiatives aimed at promoting the quality of care and reducing risks; *Formative,* related to the development of personal and professional skills and *Restorative,* which includes the necessary support for the supervisee to adapt to the surrounding context. According to Carvalho et al. (2019), some supervisory strategies covered by these functions can be identified, namely: *the normative function* can include the discussion of clinical cases, based on reflection in and on practice; in *the formative function, training* actions within the scope of supervision can be included, and in *the restorative function,* individual support to the supervisee can be highlighted, promoting active listening and effective communication with a view to the development of mediating processes and conflict resolution.
- Model by C. Johns (1993), which translates a reflective model of professional supervision advocating the adoption of reflective practices for problem solving and reflection on reality. It creates a reflective model – Burford NDU Model, which is based on a holistic reflective practice, which encompasses the totality of the person's experience, seeking to obtain/understand the meaning that will be attributed by each professional to the experience and personal and professional development of the person, based on in attitudes of self-determination and self-responsibility (CARLOS *et al.,* 2018).
- Model Heron (1990) aims to better understand and understand interpersonal relationships, specifically all interventions carried out within the framework of aid paradigms. The relationship is established between a professional and a client, as a person who enjoys the supervision process, and may assume an authoritarian or facilitative style. In the authoritarian style, the supervisor has some control over the supervisory relationship and there are three modes of intervention, specifically: *Prescriptive,* in which the supervisor directs the

supervisee towards action and advice; *Informative, in which* the supervisor gives information to the supervisee for his or her training process, and *Confrontation,* in which the supervisee's opinion and behavior is challenged by the supervisor. In the facilitator style, the supervisee controls his training process, being aided and supported by the supervisor who encourages him to reflect and self-direction, generating a feeling of confidence in himself and in the development of skills (BORGES, 2013; CARLOS et al., 2018) .

- Severinsson's model (2001) highlights the supervisory relationship established between the supervisor and the supervisee based on dialogical and reflective processes, leading to the development of professional skills in the supervisee. It aims above all to encourage the supervisee to develop meaningful learning, being aware of himself, of others and of the context in which the supervisory process takes place, attributing meaning to it (ABREU, 2007; BORGES, 2013).

This last model seems to be well suited to the context of nursing, insofar as it is a relationship profession, in which the pleasure of caring for others is instilled and the investment in satisfying all their needs, in all the dimensions that the other caring encompasses.

With regard to supervisory styles, it is known that two of the essential figures in this process are the supervisor and the supervisee, both of whom must share the same orientation in order to promote greater development potential, with improvement in the performance of professionals and in providing care to clients. In this context, they must be anchored in different methodologies and strategies, based on the behaviors, attitudes and expectations in relation to the supervisee, adapting their interventions and developing effective communication.

For Abreu (2007) there are some steps leading to the clinical supervision process, namely: definition of objectives (appreciation of the problem); problem identification (intervention area); contextualization (definition of intervention objectives); planning (intervention preparation); implementation (implementation of planned actions) and evaluation (of the results of the supervision process).

In order to fulfill the referenced steps, it is essential to define the different supervisory styles that can be promoted and developed. Of the various existing supervisory styles, namely the *non-directive,* the *directive* and the *collaborative,* collaboration stands out insofar as the supervisor listens, verbalizes what the student says, analyzes and summarizes the suggestions and concerns/ student problems, helping him to solve them.

Sales (2015) considers the existence of three different supervisory styles, specifically: *prescriptive style,* where the supervisor is concerned with the development of skills and acquired knowledge, assuming an active stance of support and suggestion to students; *interpretative* style, in which the supervisor values the student's ideas and opinions, emphasizing the student's awareness-raising process through the teaching-learning process, through questioning, exemplifying and reformulating their behaviors and the *supportive style* in which there is a relationship of cooperation between the supervisor and the student, based on empathy, affection and encouragement throughout the learning process, adopting an attitude of openness to accept their point of view or ideas.

Later, several authors worked on other styles of supervision, and Varela (2016) considers that there are more supervisory styles, based on an aspect that promotes

creativity and minimizes errors, identifying the following:

- *Corrective supervision,* which focuses mainly on identifying errors and defects, valuing these more than the merits presented by the supervisee, not offering advantages and tending to be discontinued;
- *Preventive supervision,* which aims to prevent errors instead of resolving them, guiding supervisors towards a safe and confident practice;
- *Constructive supervision,* which only highlights errors in order to create specific conditions for their solution, seeking to develop in the supervisee characteristics of coping and training to solve current problems and others that may arise;
- *Creative supervision,* based on the supervisor's motivation to be creative and use their knowledge in terms of a quality educational system;
- *Scientific supervision* developed on a scientific basis, using valid supervisory methods;
- *Democratic supervision,* which aims at the greatest possible development of the supervisor with a view to greater efficiency.

The success of the supervisory process also depends on the relationship established between the professor and the cooperating nurse; of the time made available for moments of reflection on the action, discussion and analysis and the adoption of better communication strategies, always taking into account the inherent subjectivity and the importance of defining clear objectives.

Within the scope of clinical supervision in nursing, strategies can and must be developed that fit, at certain times or continuously, with the aim of promoting an excellent learning environment, in which it is possible to facilitate the acquisition of knowledge and the development of skills, avoiding errors. If these happen, they must be analyzed in a constructive way, in which the supervisor must use his knowledge and creative personal characteristics that provide a high-level education. It is required that this process be accompanied by scientificity and rigor, as in nursing the focus is on the well-being of the human person, not allowing or giving rise to errors and irresponsibility.

*standard* strategies for everyone. The identification of different clinical supervision strategies, taking into account the point of view of nurses, students and professors, proves to be essential for improving the quality of interventions and for *empowering* professionals. From some works on this subject Pires *et al* . (2016) and Brunero and Sten-Parbury, (2008), the following clinical supervision strategies can be defined:

a) *Observation* – aims mainly at obtaining data or information about a given situation, by taking notes or through audiovisual means. It must be rigorous, free from the influence of the supervisor's subjectivity, preferably using observation grids to objectify it;

b) *Demonstration* to exemplify the different techniques to be developed, highlighting how to do it;

c) *Case analysis* – through the description and narration of certain situations, of greater or lesser complexity, where it is easily perceptible how it happened, what was done and why, using individual and group sessions;

d) *Narratives* in which experiences are relived, where the facts and the context in which they occurred are described, implying reflection;

e) *Reflective portfolios or reflective reports,* which demand from the author a great ability to know and make himself known,

transform himself and obtain recognition through critical and analytical reflection on his experience, highlighting the most positive or negative aspects experienced;

f) *Pedagogical Questions* - in order to improve the understanding of something, the supervisor questions the supervisee, being able to assume a descriptive, interpretative, confrontational and reconstructive character, aiming to reflect on what was done, the associated feelings and assigned meanings, facing new points of view in order to integrate new knowledge;

g) *Support* that is ensured through the transmission of *feedback* by the supervisor, with the aim of minimizing *stressors* and assisting students in their decision-making processes;

h) *Guidance* which, although not exercised directly, allows for better preparation for the development of skills*;*

*i) Evaluation* – evaluate the extent to which the objectives were or were not achieved or the attribution of a certain value judgment. This must be provided based on timely *feedback, after performing a certain procedure, through reflective processes on the path developed;*

j) *Continuous training,* which allows clinical supervisors to foster the development of skills and competences in students, encouraging self-training, research and knowledge acquisition with a view to autonomy and adaptation to changing processes.

This set of strategies proves to be essential for the personal and professional development of people and also at the level of institutions, with a view to improving the quality of care provided.

In the study by Pires *et al.* (2016), with Portuguese nurses, concluded that the supervisory strategy considered most important was reflective practice and critical analysis, emphasizing the importance of interpersonal reflective processes. The second most referenced and valued strategy was *feedback,* as it promotes a more effective awareness of their performance, identifying areas of interest and areas that need greater investment, facilitating reflective processes on practice. Observation was also essential, as a starting point for reflective processes on action, and direct observation allows a current assessment of the students' level of development of skills and abilities, which is very common in clinical nursing supervision.

In this context, clinical supervision promotes the development of skills as it leads to reflective processes that facilitate care planning, aiming at comprehensive care.

There is always a need to take into account the personal characteristics of each one, with supervisory strategies being adapted to each student and according to their level of development, context and defined educational objectives. The referenced strategies are not mutually exclusive, but rather complementary, in which the supervisor assesses which is the most convenient and appropriate based on the individuality of each supervisee, the context in which learning takes place and the supervisory objectives outlined. Therefore, a constant analysis of what is most suited to the uniqueness of the situations experienced is required, with a view to the better development of the supervisee. Each supervisor must face different situations and collect the necessary information to implement a supervisory support and follow-up model, facilitating the development of skills, based on the outlining of appropriate supervisory strategies.

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