

7.1 *Balancing Clinical and Administrative Roles*

Line managers or team leaders who hold a dual position as clinical supervisors to staff are advised to adhere to the following protocol:

- Have clear, explicit and documented responsibilities and tasks pertaining to each role, to which both supervisor and supervisee can refer
- Ensure that clinical supervision does not take place in the context of administrative supervision sessions (i.e. do not share time)
- Discuss with the supervisee the complexity of the dual role, the potential conflicts, and ways of addressing problems which arise

Tromski-Klingshirn points out:

It is not the dual role of the supervisor per se that threatens the clinical supervision, but the increase in power that a supervisor has in that dual role. It is not only the kind of power that each of these roles has that may be problematic...but the amount of power involved: the clinical-administrative dual role of the supervisor carries the 'double power' with it, as each supervisory role has its own evaluative component, or function, with respect to the supervisee. (Tromski, 2000, cited in Tromski-Klingshirn, 2006, p. 59).

The implications for the dual relationship to negatively impact upon the supervisee and, in turn, upon the supervisee's clients, should not be underestimated. In many cases, the supervisee may never express his or her misgivings to the supervisor, despite being asked, for fear of it affecting his or her job. In other cases, the supervisee may not fully grasp the ways in which being clinically supervised by a line manager is impacting upon supervision, but finds himself or herself reticent to fully disclose difficulties, mistakes, or vulnerabilities encountered in the work. Therefore, it is imperative that supervisors holding dual roles remain vigilant in their management of them and do their utmost to provide the safe place needed for supervisees to excel in their clinical work, on behalf of clients.

Ann Roche, Ken Pidd, and Toby Freeman stress the importance of separating supervisees' assessments in the context of clinical supervision from their performance evaluations:

Evaluation of a supervisee's performance within the setting of clinical supervision should not be linked to performance appraisal, or promotion via reporting back from the clinical supervisor to the administrative supervisor, or organisation. Feedback about the supervisee's performance would not normally be disclosed beyond the clinical supervisory relationship unless there were serious breaches of ethical, legal, or safety standards...Nonetheless, the supervisor may have a reporting responsibility to the organisation in regard to the effective use of time and resources dedicated to clinical supervision. It may also be beneficial for supervisors and supervisees to agree to communicate progress on performance and skill development with the supervisee's manager. (Roche et al. 2009, p. 550).

With that said, there may also be benefits to supervisees having a dual role supervisor (refer to sections 6.1 - 6.1.1). Tromski, who researched this question, reported that 73% of supervisees in her study indicated benefitting “personally and/or professionally” from having a dual role supervisor (Tromski, 2000, cited in Tromski –Klingshirn, 2006). She also stated:

Supervisees reported overall satisfaction with clinical supervision, with no statistically significant differences between those whose supervisors served in both clinical and administrative roles and those receiving supervision from only a clinical supervisor...The majority of supervisees receiving clinical and administrative supervision from the same person did not view this supervisory role as problematic (82% of n=70).

(Tromski-Kingshirn & Davis, 2007, p. 294).

More locally, Elisabeth Shaw (2004) presents an integrated model of supervision that “attends to the demands of service delivery management while preserving the traditional nurturing and supportive qualities of the supervision relationship.”

For this to occur effectively, she writes, “the role needs to be conceptualised as one of clinical governance, and thus organizations and management need to provide adequate levels of support and clarity to the supervision role. Supervisors require more training in the management and administrative components of their role, and management and supervisees need education about management and its boundaries.” (p.70)

References for this section: Powell & Brodsky (1998); Roche, Todd & O’Connor (2007); Shaw (2004); Tromski-Klingshirn (2006); Tromski-Klingshirn & Davis (2007).