

Group supervision – an unmet need among specialty registrars

OPINIONS

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Group supervision is a mandatory part of the training for specialty registrars. In this article we share some of our experience from group-based supervision in oncology.

The new regulations for medical specialisations (LIS 2 and 3), due to come into force in March 2019, gives emphasis to clinical group supervision in all specialisations [\(1\)](#). Our experience from departments of oncology at Oslo University Hospital and Nordland Hospital in Bodø indicates that group supervision fulfils an unmet need to share clinical experiences and challenges, among specialty registrars and graduate specialists alike [\(2\)](#).

Good communication with patients and their next of kin is crucial for patient satisfaction and high treatment quality [\(3\)](#). Ability to cope with the most challenging doctor-patient situations [\(4\)](#), such as communicating a poor prognosis [\(5\)](#), requires not only communication skills training [\(3\)](#), but also reflection on and discussion of personal experience.

Case studies are relevant and useful

In the absence of organised forums where commonly encountered ethical dilemmas can be addressed [\(6\)](#), and when the threshold to clinical ethics committees is perceived as high [\(7\)](#), questions of ethics, communication and co-determination by patients and next of kin can be raised as topics in group supervision sessions. Such issues can be discussed in these sessions from multiple perspectives [\(8\)](#).

Letting group participants suggest topics for supervision that are drawn from everyday occurrences and issues ensures their relevance and usefulness, and will over time cover a broad thematic range of challenges that the clinicians might face [\(9\)](#). Asking a participant to prepare a case history or a topic to be presented in the supervision session or letting the participants agree on a topic in advance may both function well. The latter strategy gives both the participants and the supervisors an opportunity to prepare.

Supervision in a busy work schedule

Addressing difficult topics that expose personal insecurities requires confidence and trust within the supervision group [\(10\)](#). Despite large variations in the number of participants (from 2 to 15) and frequent changes in the composition (because of job rotation, duty rosters etc.), we can see that the participants are able to benefit from supervision. Instability does not promote confidence, however, and a group with 6–8 participants and stable attendance reported to

have profited more than others (2). A shared background of experience and position in the hierarchy, such as when all group members are specialty registrars, may boost confidence. Our experience nevertheless indicates that discussions between specialists and specialty registrars are useful to address a number of issues. Participants in groups that included both specialty registrars and specialists, where the supervisor accommodated the needs of the specialty registrars in particular, reported higher degrees of satisfaction than participants in groups that mainly included specialty registrars (2).

Supervision time is always at risk of being given low priority in favour of other important clinical or research activities (11). One way to solve this problem, in addition to possibly including the head of the unit in question, is to schedule the supervision to coincide with regularly held doctors' meetings, thus to show that the session is important. Experience indicates that more doctors attend regularly when the meetings are held at set intervals (2).

Endorsement by the management

Group supervision can be more efficient than one-to-one sessions in terms of time and costs. Issues can be elucidated in more differentiated and diverse ways when both the group participants and the supervisor provide input.

The new regulations for medical specialisations underscore that the training facility *must* make provisions to ensure that the doctor receives necessary supervision sessions. Planning should thus be endorsed and promoted by the management to ensure opportunities for regular attendance, allocation of time, an appropriate number of participants and clarity in the selection of topics (1). The knowledge, experience and handling of the supervision setting by the supervisor are crucial to achieve good and useful group processes (12). Consequently, time must be allocated to training of group supervisors, and the time they spend on supervision activities must be protected.

LITERATURE

1. FOR-2016-12-08-1482. Forskrift om spesialistutdanning og spesialistgodkjenning for leger og tannleger <https://lovdata.no/dokument/SF/forskrift/2016-12-08-1482> (21.8.2018).
2. Isaksson Rø K, Djerv L, Boye TB et al. Gruppeveiledning for LIS, erfaringer fra onkologi. <https://yngreleger.no/artikkel/gruppeveiledning-for-lis-erfaringer-fra-onkologi> (21.8.2018).
3. Gulbrandsen P, Finset A. Skreddersydde samtaler – en veileder i medisinsk kommunikasjon Oslo: Gyldendal Akademisk, 2014.
4. Finset A, Ekeberg Ø, Eide H et al. Long term benefits of communication skills training for cancer doctors. *Psychooncology* 2003; 12: 686 - 93. [PubMed][CrossRef]

5. Rogg L, Aasland OG, Graugaard PK et al. Direct communication, the unquestionable ideal? Oncologists' accounts of communication of bleak prognoses. *Psychooncology* 2010; 19: 1221 - 8. [PubMed][CrossRef]
6. Bringedal B, Isaksson Rø K, Magelssen M et al. Between professional values, social regulations and patient preferences: medical doctors' perceptions of ethical dilemmas. *J Med Ethics* 2018; 44: 239 - 43. [PubMed]
7. Førde R, Pedersen R. Clinical ethics committees in Norway: what do they do, and does it make a difference? *Camb Q Healthc Ethics* 2011; 20: 389 - 95. [PubMed][CrossRef]
8. Lycke KH, Handal G, Lauvås P. *Veiledning med leger under utdanning*. Oslo: Gyldendal Akademisk, 2010.
9. Stensen OA, Brinchman-Hansen Å. Hva er god veiledning? – en praktisk innføring i veiledning av leger i spesialisering i sykehus. <http://legeforeningen.no/PageFiles/40353/Hva%20er%20god%20veiledning.pdf> (12.4.2018).
10. Tveiten S. *Veiledning – mer enn ord ...* Bergen: Fagbokforlaget, 2008.
11. Birkeli CN. Nasjonal evaluering for spesialistutdanningen for leger 2016. Oslo: Legeforskningsinstituttet, 2017. <http://legeforeningen.no/PageFiles/283794/Nasjonal%20evaluering%20av%20spesialistutdanningen%20for%2oleger%20LEFO%202017.pdf>
12. Hougaard Jacobsen C, Mortensen KV. *Supervision av psykoterapi og andet behandlingsarbejde. Almen og psykodynamisk supervisionsteori*. København: Hans Reitzels Forlag, 2017.

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