

PAM Supervision Guidelines

The Registration and Membership Committee has observed that some applicants are uncertain about what constitutes post-doctoral supervision, so we offer the following guidelines (following CPA criteria for accreditation):

1. **Individual supervision** is supervision provided to the supervisee by the supervising psychologist who is accountable for the clinical service provided to a patient/client(s).
2. **Individual supervision** consists of visual and/or verbal communication in person between the supervisor and the supervisee in which:
 - a. The supervisor observes the supervisee deliver psychological service (in the room or via one-way mirror), or
 - b. The supervisor and the supervisee review audio or video recordings of the supervisee's delivery of psychological service, or
 - c. The supervisor and supervisee engage in case discussion where the supervisee reports on the delivery of psychological service to the patient/client(s).
3. **Individual supervision** can occur between the supervisor and the supervisee as the only participants or it can occur in a group format with other supervisors and supervisees present. However, when supervision occurs in such a group format, it is only counted as **individual supervision** when it involves supervisor feedback to the supervisee working with a particular patient/client (i.e., it must be equivalent to when the supervisor and supervisee are the only participants).
4. **Group supervision** is when supervisees participate in the supervision of the psychological services delivered by *another* supervisee in a group format. *Note that group supervision counts for half credit; two hours of group supervision is equivalent to one hour of individual supervision.*
5. **Group supervision** can also be meetings with supervisors and supervisees to review and discuss some method or technique of psychological service delivery, particular problems or disorders, or a professional or ethical issue affecting practice. *However, to qualify for group supervision, these discussions must be in the context of clinical work with ongoing cases.* Continuing education workshops or seminars; or staff or administrative meetings **DO NOT** count as **group supervision**. The R&M Committee will not accept these activities as **group supervision**.
6. It is the applicant's responsibility to clearly identify each supervision hour that is claimed as either **individual supervision** or **group supervision**, and to clearly distinguish between these two types of supervision. *The applicant must also state explicitly if the group supervision hours have been adjusted or not (i.e., counted as half value of individual supervision hours).*
7. **Individual supervision** must represent at least 50% of the supervision hours claimed. For example, the 100 hours of supervision requirement for one year of supervised practice could be met with 50 hours of **individual supervision** and 100 hours of **group supervision**, as defined above.

8. Any supervision hour claimed must have the signed endorsement of the supervisor. We recommend using the form on the PAM website:
<http://www.cpmc.ca/documents/Supervision%20Record%20Form.pdf>
9. Finally, some applicants are unsure about how to count **Total Hours of Supervised Professional Experience** on the Record of Supervisions forms. These hours are the total number of hours of work activity under the supervision of the supervisor signing the form. For example, if you have one supervisor in an employment setting where you work a standard 8 hour day, or 40 hours per week, and have 3 weeks holidays, then you would claim 1960 hours (40 X 49) over one year. If you are submitting both group and individual Record of Supervision forms, report the same number of hours on both forms (don't split). However, if you are submitting multiple Record of Supervision forms because you have multiple supervisors, divide the hours proportional to what each supervisor covers.

RECORD OF SUPERVISION – INDIVIDUAL SUPERVISION ONLY

Supervisee: _____ Supervisor: _____

For period from _____ to _____

Total hours of supervised professional service during this period (see guidelines): _____

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Date	Nature of clinical work receiving individual supervision	Hours
Total hours for this period		

Signature of Supervisee: _____

Date: _____

Signature of Supervisor: _____

Date: _____

Note: Signing this form also means that both parties have reviewed and comply with the PAM Supervision Guidelines.

