

Professional learning in clinical supervision: highlighting knowledge work

Abstract

Purpose: Clinical supervision is a crucial workplace practice for professional learning and development. Research is needed to investigate in detail what happens in supervision to understand how this practice contributes to learning. This paper examines how professionals work with knowledge and navigate epistemic challenges in working with problems of practice.

Study design/methodology/approach: Three pairs of psychologists audio-recorded five consecutive supervision sessions and were interviewed twice during that time. Analysis considered supervision as a site of emergent learning, focusing on what was discussed and how problems were worked on, whether as epistemic objects (open-ended, aimed at generating new insights) or by using an approach to knowledge objects that focused more directly on what to do next.

Findings: One pair consistently adopted an epistemic object approach, while another was consistently more action-oriented, focused on knowledge objects. The third pair used both approaches, sometimes expanding the object with a view to gaining insight and understanding, while at other times focusing on next steps and future action.

Originality/value: This study is the first to study clinical supervision in terms of how knowledge work is done. Foregrounding the epistemic dimensions of supervision, it reveals previously unexplored but consequential differences in how knowledge is worked with and produced as supervisory pairs discuss complex issues of practice.

Introduction

Forms of professional knowledge and ways of knowing required by professionals have become more complex in recent times (Markauskaite and Goodyear, 2014). This means that epistemic dimensions of professionals' work are becoming more significant (Knorr Cetina, 2001), as professionals work in knowledge conditions characterised by uncertainty, partiality and fragility (Jensen, 2012; Author2, 2017). In this context, ongoing professional learning is particularly important, and this paper examines clinical supervision as a site of professional learning, focusing specifically on knowledge work and how professionals navigate epistemic challenges.

Clinical supervision is a widespread practice designed to assist professionals in making decisions, reflecting, and ultimately enhancing their practice (Bernard and Goodyear, 2014). Clinical supervision refers specifically to discussion of clinical practice i.e. casework, case conceptualisation, problems of practice etc. This is distinguished from managerial supervision,

which focuses on compliance with the requirements of a workplace and work role. Professionals learn as they discuss their work, consider problems, and raise concerns with colleagues. In some professions, clinical supervision is mandated for continuing professional development (CPD) purposes, as is the case for psychology in Australia¹.

Supervision is a 'site of emergent learning' where work is done about how we do work and professionals 'question, negotiate and explore their own practice and the knowledge associated with it' (Reich *et al.*, 2017, p.570). Clinical supervision is not framed as knowledge being transferred between practitioners, but as an emergent process in which professionals discuss their work, develop new insights, build knowledge and consider potential actions to resolve challenges and enhance practice. This paper adapts Knorr Cetina's (2001) concept of the epistemic object to examine how supervisors and supervisees work with knowledge in supervision. This highlights knowledge work done when professionals confront a lack of certainty about what is known and what to do, and 'allows us to investigate the interplay between explorative and confirming actions, when professionals need to move beyond the routine to handle complex challenges' (Nerland and Jensen, 2012, p.103).

Literature review

This paper addresses a gap in the literature on clinical supervision as workplace learning, specifically advancing understanding of knowledge work in workplace learning. A significant body of research on clinical supervision exists, much of which focuses on defining supervision, understanding its functions and benefits, investigating what makes supervision more or less effective, exploring the significance of the supervision relationship, and outlining models of supervision practice (Author1, 2020). There have been repeated calls to address a significant lacuna in present knowledge: what actually happens in supervision (Pearce *et al.*, 2013; Pollock, 2017; Wilkens *et al.*, 2017). This study responds to this, exploring what takes place in supervision while bringing further novelty through a focus on epistemic dimensions.

Where researchers have studied what happens in supervision, they have generally been occupied with its content. Such content is assumed to broadly cover areas including case conceptualisation, intervention strategies and ethical issues (Barletta, 2009). Pearce *et al.* (2013) reviewed the literature on content in nursing and allied health supervision, finding four themes: reflective practice, task-oriented content, diversity of content and stress management. They concluded that

research into content 'is limited and of low quality' and that more research is needed (2013, p.139). McKenna *et al.*'s (2010) survey found that nurses in supervision most frequently discussed reflection on clinical work (78% of the sample), professional development (51%), interpersonal issues (38%) and organisational/management issues (33%). This study relied on self-report rather than observational methods, as does most research in this area (Wilkins *et al.*, 2017). Wilkins *et al.*'s study highlighted the lack of evidence 'about what happens when managers and child and family social workers meet to discuss casework' (2017, p.942). These researchers audio-recorded thirty supervision sessions between social workers and their line managers. They found a similar pattern and structure across sessions, namely a 'verbal deluge' by the supervisee, followed by a discussion to identify the problem, and concluding with a solution given by the manager (Wilkins *et al.*, 2017, p.947).

While such studies helpfully highlight aspects of *what* is discussed in supervision, they reveal less of *how* it is discussed. The latter is important if we are to understand ways in which supervision can help professionals deal with the knowledge challenges that arise in practice. This study adopted an epistemic approach to uncover both *what* is discussed in supervision and *how* practitioners work with knowledge in grappling with complex problems of practice. The research question was: How do psychologists work with knowledge in clinical supervision?

Conceptual framework

In this study, 'knowledge object' refers to any object that became a focus of enquiry in supervision. The conceptual framework for this study hinges on the distinction between approaching such objects as epistemic objects as opposed to more direct action-oriented ways of working with knowledge objects. This framework draws on Knorr Cetina (2001), who described epistemic objects as objects of enquiry that are incomplete, open-ended, question-generating, indefinitely unfolding and complex. Their lack of completeness of being is their defining characteristic - they cannot ever be fully attained (Knorr Cetina, 2001). The uncertainty and indeterminacy of epistemic objects 'generates questions which turn into avenues for further exploration. Pursuing these avenues causes the epistemic object to evolve, satisfying some questions while opening up new ones' (Ewenstein and Whyte, 2009, p.12). Hence, as practitioners try to reveal them, epistemic objects tend to increase in complexity (Knorr Cetina, 2001). They are therefore not fixed, well-defined or stable (Khazraee and Gasson, 2015).

The epistemic object's uncertainty is a 'lack' that precipitates its unfolding and leads to a 'structure of wanting' or ongoing interest as one desires to know more (Knorr Cetina, 2001). In this respect, professionals' engagement with objects of enquiry relates closely to their learning. Jensen (2012) outlined how early career professionals came to see knowledge as open-ended and unfolding, moving back and forth between theory and practice as they encountered real-life problems. Thus, the incompleteness of the object stimulated a desire in the professional to know more, providing for the ongoing unfolding of object-oriented practice (Knorr Cetina, 2001). In a team environment, a form of collective obligation towards the object can be initiated that binds practitioners and fuels collaboration (Nicolini *et al.*, 2012). In supervision, this may be reflected by both parties in the dyad becoming affiliated to and invested in the object, even though it relates only to the supervisee's practice (since supervisees' clients are generally never encountered by the supervisor).

Epistemic objects are defined by their function, by how they are used rather than what they 'are'. The same object might function as an epistemic object or not, depending on the enactment of the practice with which it is entangled (Author2, 2016; Nerland and Jensen, 2012). An epistemic object orientation refers to approaching knowledge problems in the unfolding, complex and question-generating manner that Knorr Cetina described, embodying what is not yet known (Nicolini *et al.*, 2012), in contrast to a more direct, action orientation towards knowledge objects.

This involves some adaptation of Knorr Cetina's idea, since she used 'epistemic objects' to refer to knowledge objects shared widely within a professional community, such as computer programs or financial instruments (Knorr Cetina, 2006), or nursing procedures (Nerland and Jensen, 2012). While wider epistemic cultures might be a valuable way to analyse practices in clinical supervision, this study took up epistemic objects specifically in relation to how supervisors and supervisees worked with particular knowledge problems together in supervision conversations. This follows precedent in prior studies that have looked at more 'local' epistemic objects such as behavioural charts (Author2, 2016) or architectural drawings (Ewenstein and Whyte, 2009).

Methods

The study used a qualitative approach, specifically drawing on practice-based studies. Such studies are characterised primarily by conceptual and methodological sensibilities rather than by particular methods or techniques (Fenwick *et al.*, 2011; Gherardi 2012). A practice-based approach

aligned with the research question and addressed shortcomings in prior reliance on self-report and post-hoc study rather than capturing supervision as it happens (West and Clark, 2004; Watkins, 2014b). Practice-based studies prioritise getting up-close to practice, and build on philosophical assumptions that regard practices as situated, emergent, and complex phenomena (Fenwick *et al.*, 2011; Nicolini, 2012). In this study, situatedness manifested in grounding the analysis of knowledge work in the specifics of particular clients and their related issues; emergence was taken up by focusing on how supervision unfolded moment-by-moment, rather than merely its outcomes; and complexity was addressed by revealing and understanding entanglements and interconnections amongst the relations and activity of supervision.

A lack of longitudinal studies linking multiple supervision meetings has also been noted (Watkins, 2014a), as has a focus on students or trainees (Forshaw *et al.*, 2019), possibly motivated by the wariness of many professionals to open up supervision to direct research. Given the need for new knowledge on supervision as workplace learning for practising professionals, this study recruited qualified and experienced psychologists, securing their consent to audio-record a series of supervision meetings over time.

Three pairs of female psychologists in regular supervision in Australia and New Zealand participated. Details of the participants are shown in Table 1.

Table 1 inserted here

The pairs audio-recorded five consecutive supervision sessions. Each participant was individually interviewed twice: after the second supervision and at the end of the five sessions. Interviews focused on what participants thought about the recorded sessions, and how these impacted their practice. The data comprised 15 recorded supervision sessions and 12 interviews, spread over 11-months, producing 224 pages of transcripts. Identifying details were removed from transcripts for confidentiality and all names used are pseudonyms.

Data from supervision sessions and interviews was analysed together following Braun and Clarke's thematic analysis approach (2006) supported by Anon and Author2's (2009) framework, which combines purposive features (in this case looking for epistemic objects) with grounded approaches. Spreadsheets were used to organise and display key features of the data. The first spreadsheet identified and summarised all the issues discussed in each supervision. The second

drew out dynamics of knowledge work by producing synoptic summaries for each issue discussed (Author2, 2018) addressing 'What is happening epistemically here?'. The focus was on what was discussed and how problems were approached, differentiating discussions where issues were worked with using an epistemic object orientation that treated knowledge as incomplete, open-ended and complex, or a more direct action orientation. An epistemic object orientation did not mean that the discussion avoided considering what might be done, but it did not focus predominantly on such matters.

Results

The three pairs worked with knowledge in different ways. Pair 1 approached the knowledge object as an epistemic object in all five of their sessions, Pair 2 engaged with the knowledge object in an action-oriented way, and Pair 3 did this in about half of their discussions. This will be elaborated, analysing details of each pair's work, and the contrasts between them.

Pair 1 - Epistemic object approach in all sessions

Pair 1 – Lisa (supervisor) and Sam – approached each issue (usually Sam's clients) as an epistemic object. Their discussions might be described as unravelling the layers of an onion, aiming for and producing depth of understanding and insight through expansive analysis. One session focused on Sally, a 17-year-old who Sam was treating for depression. Sally felt disconnected from family and friends and had an overwhelming sense that there was no point talking to anyone because nothing could be done to help her. Lisa and Sam shared a theoretical conceptualisation of Sally, based on schema therapy, as having an 'emotional deprivation schema'. However, neither adopted this as a fixed or full understanding. They approached Sally's case as an object to be interrogated and puzzled over, working to identify what was relevant in making sense of Sally and how to help her. This knowledge object (object of enquiry) provoked their engagement and questioning, such as why her parents were unable to support her and possible impacts of a recent break-up.

Their orientation to Sally was as an epistemic object (Knorr Cetina, 2001). Their understanding expanded as they linked what they already knew with the knowledge they constructed as the session progressed. They used their expertise in psychological interpretation and theory as a foundation to build a picture of Sally that offered something tangible for Sam to work with. In this way they expanded the object both to build an understanding of her and to build actionable knowledge – knowledge that helps getting things accomplished in practice situations

(Markauskaite and Goodyear 2016). Their discussion was not framed as a direct consideration of what to do, but as an expansive deepening of understanding that produced new possibilities for action.

In their fourth session, Sam presented the case of Mike, a teacher who had suffered a psychotic episode (psychosis is a mental disorder characterised by a disconnection from reality). Mike was about to start a new job and was worrying what his co-workers thought about him. He did not present like a typical psychosis patient and Pair 1 discussed his symptoms as well as what Sam had tried with him in therapy. This provoked new questions to help them make sense of him, centered around where Mike fit in terms of diagnosis. Through working on diagnostic questions, actionable knowledge emerged, with implications for what Sam could do with Mike in therapy.

The excerpt below illustrates how the discussion about Mike unfolded, building new understandings, with the expansive, question-generating character of their epistemic object orientation evident (Ewenstein and Whyte, 2009; Nerland and Jensen, 2010).

- Sam: He can see the benefit of medication and therapy as well, although I have to work with managing his stress levels and being aware of warning signs. I think we could work at a schema level. There's definitely something going on at a schema level because the trigger the kind of thinking that leads to a paranoid episode is quite well defined. It's always in situations where he doesn't know people well and he thinks he's not going to meet their expectations.
- Lisa: And in the context of being aware that his biological father did meet expectations, very smart, successful, but this smart, successful man
- Sam: ... did not want to have anything to do with his own child and then married and had some other children
- Lisa: So quite rejecting
- Sam: Yes, but not that classic defectiveness because he knows when people know him well ...
- Lisa: But the dad didn't know him well
- Sam: Yes! That's true
- Lisa: So when people don't know you well, they reject you, leave
- Sam: Yes
- Lisa: But his mum, who got to know him better, stayed
- Sam: Yes
- Lisa: Yeah, the father who left him didn't really know him, or know anything about him
- Sam: No, and didn't ever try
- Lisa: ... father's leaving actually had nothing to do with him and what he did or didn't do
- Sam: Yes, that's true. So I think he's quite interesting

In interviews, both Lisa and Sam said that they did not routinely solve or resolve issues within a supervision meeting. Despite this, Sam said she generally left each session with an idea of how to move forward. These ideas were the actionable knowledge products of insights that emerged

through the discussion, rather than specific or direct suggestions for action. Sam explained how she preferred this deepening of her understanding of a client or situation rather than focusing on 'what to do':

If I have that space to explore how I'm responding and what's happening with the client and understanding that conceptually, I'll work out what I'm going to do quite quickly.

Pair 2 – Action-oriented approach in all sessions

Pair 2 – Cathy (supervisor) and Kayla (see Table 1) - worked in a different way to Pair 1, focusing on next steps, solutions and plans for action. Their discussion was a convergent process of narrowing down future actions. Pair 2 tended to focus on how to help the client and what the supervisee could do with her, with understanding of the client generally taken as a given. For example, in discussing Andrea, a four-year old girl, who had presented with behavioural problems related to early trauma, the following discussion ensued:

Cathy: This is new obviously ... what are your thoughts?

Kayla: So I've seen the mum for the initial interview and then I went to the kindergarten, did an observation and that's where I'm up to, but I think probably my next step is getting hold of the AEPS [Assessment, Evaluation, and Programming System for Infants and Children—a questionnaire for parents] for four-year olds and have mum fill it in

Cathy: Good idea, yeah

Kayla: Possibly doing a WPPSI [Wechsler Preschool and Primary Scale of Intelligence—an IQ test]

Cathy: Yeah, because it will be so useful for school, that will be such a good idea

Kayla: And a Peabody to look at her receptive language [A test of receptive (hearing) vocabulary for children, which provides a measure of verbal ability]

Cathy: Oh good idea

Kayla: And then I want to do some play-based assessment with mum ... to see if mum is accidentally rewarding any of the attention-seeking behaviour, and I want to look at teaching mum some child-directed play, because I think if she tops up her emotional tank for a few minutes a day and teaches her child-directed play skills then she's kind of modelling to her girl what she can do with her friends.

In this excerpt, the focus is on Kayla's next steps with Andrea, a matter of soliciting ideas of what to do that contrasts Pair 1's approach that focused on generating new understandings of the client. Apparent puzzles about Andrea were raised, including uncertainties about what her behaviour might indicate (foetal alcohol syndrome or possible anxiety), but these did not 'stick' as foci for development and unravelling in supervision. They did not orient to Andrea as an epistemic object. Instead, the knowledge work took the form of problem-solving, in relation to what Kayla could do in treating Andrea.

In the second recorded session, Pair 2 discussed two clients – Lucy and Selma. Lucy was having social difficulties at school and Selma was refusing to attend school. Cathy asked questions to

cover each situation from different angles, then moved through various ideas of how to help Lucy and Selma, which had the feel of brainstorming 'how to help', with an emphasis on problem-solving. Knowledge of Lucy and Selma was shared and worked on as a matter of convergence and motion towards a complete picture that could be acted upon. By constructing the problem as one of 'how to help', Pair 2 prioritised and activated knowledge of 'ways of helping'. Approached in this way, the knowledge objects (how to help clients) did not demand expansive knowledge resources: the search for solutions as concrete ideas for things to try in practice was satisfied through reference to instances from their own practice and everyday lives (e.g. experiences of parenting), without recourse to different theoretical bases, diagnostic possibilities, or interpretations of what was happening for the client and why (as was the case for Pair 1).

Given Pair 2's focus on next steps, Kayla tended to leave the session with an idea of what action she planned to take. She commented in interview that the sessions helped to clarify issues for her:

We often get a plan on how to proceed with the greyness, if it's not clear-cut it's almost like let's get a plan of what to do next to help clarify the situation a little bit more ... helping me just make a plan to go forward with, even though the situation's still grey at least I've got a plan.

Pair 3 - Mixed approach (epistemic object-oriented and action-oriented)

Clinical supervision in Pair 3 (Penny and Sybil - see Table 1) sometimes engaged with practice issues as epistemic objects, and at other times as more stable objects that could be sufficiently known in order to focus on what to do next.

In the first recorded session Penny presented the case of Emily, a client who 'struggles with life' due to difficulties with organisation and structure. Pair 3 approached Emily as a puzzle they were trying to solve together, focusing on the question of how to explain her presenting behaviours. Sybil (as supervisor) suggested that she may have a brain injury, but this was not taken up by Penny. Diagnostic categories emerged as knowledge resources in their joint engagement with Emily as an epistemic object, something they did not fully understand, a 'wanting structure' connected to a joint 'desire to fill out the blanks and make the picture whole and complete' (Jensen and Lahn, 2005, p.308). Finding a label for Emily's pathology would make the appropriate treatment clearer, although they did not ultimately resolve this label. Rather than providing definite answers, the process generated new questions, producing ideas that could be used by Penny in working with Emily.

In the fourth session, Sybil (as supervisee) raised the issue of Aaron, a young man who was abusing substances and engaging in risky behaviour. The following extract followed a point in the session where they began to work with Aaron as an epistemic object:

Penny: I'm just thinking about, I want to know about his family, I want to know about his history around not being noticed, has he been emotionally abandoned? So is there some sort of corrective and repair work that has to be done around his relationship with his mother and father? Like the ability to regulate his emotions, and obviously he can't and he's using all these really interesting, dangerous ways... the alcohol, the drugs, the steroids... so yeah I'd want to unpack what was it like not being noticed and how did he manage that? And the anorexia, wow that's really interesting too, is that about him trying to have some sort of control?

Here Penny as the supervisor was thinking out loud, signposting issues to explore further. Full of possibility, informed speculation, and a need for more knowledge, her comments did not seek to 'pin down' what was going on for Aaron or what to do in practice, rather they indicated understandings of Aaron that were not yet there. This desire to know drew the pair further into the object, again giving a sense of peeling back layers of an onion, creating a shared structure of wanting (Jensen and Lahn, 2005). The case of Aaron was a point of genuine professional interest and curiosity, as both confirmed in interviews.

In contrast to the approach outlined in the two examples above, in their first session Pair 3 discussed Paula, Sybil's client, who had experienced sexual abuse as a child and was suffering from depression. This session was not characterised by orienting to Paula as an epistemic object. Rather, it primarily involved Sybil telling the story of Paula, and Penny offering suggestions for what Sybil might try in treatment. The focus was on how to help Paula rather than how to understand her, generating possibilities for action, much akin to the way Pair 2 worked. This resulted in new suggestions for what Penny might do, but did not produce or require significant new insights about the client. Potential therapeutic action was not predicated on an expanded understanding of the client. This work was resourced by a variety of knowledge resources including diagnoses, theoretical models and treatment strategies. These functioned as tools, but were more about how to *act on* Paula therapeutically, rather than how to *open up* understandings of her as a client.

Hence Pair 2 adopted a mixed approach to working with the knowledge object. In her second interview, Penny reflected on how she and Sybil dealt with uncertain situations. Her comment illustrates how she sees a connection between building understandings through an insight-focused approach, while at the same time getting clarity on how she can work differently with her client:

Penny: It starts off with me talking it through ... giving content ... how I'm experiencing that ... she then puts that back to me and I guess throughout all of this there's empathy and compassion ... so then I take on board what she said, I then add that to my conceptualisation and my understanding ... it's changing or steering me to think in different kind of ways depending on what it is that she said, so I guess it's an opening up, a broadening of my conceptualisation of what's going on ... it just opens up and gives you so much more room in terms of how you think about and feel and experience what's going on between you and a client.

Discussion

Three different pairs of psychologists approached the objects of their discussion differently in supervision: knowledge work in clinical supervision work varied. The study has found that supervision can be enacted very differently as a site of emergent learning, where work is done about how to do work (Reich *et al.*, 2017). The need for such learning arises when it is not obvious what one should do. This applied to all the foci of discussion across the 15 supervision sessions studied, where the supervisee brought an issue around which they were uncertain. Such uncertainty is a common feature of professional practice (Gregory, 2016).

In some cases the practice problem was engaged with as an epistemic object. This resulted in clients becoming understood as more complex and perhaps never-fully-knowable (Nerland and Jensen, 2010). Joint puzzlement produced new knowledge, generating questions, and expanding insights through which possibilities for action emerged. In other cases, practice uncertainty was tackled through a more linear sequence of drawing on relevant knowledge resources to better understand the issue, and then moving on towards closure in terms of agreed next steps. This was referred to as a 'knowledge object' approach as opposed to an 'epistemic object' approach. The problems at hand could be sufficiently known in order to move forward into action with a sense of stability and certainty. In these instances, what was sought was a convergent reading of the client or issue that moved towards next steps. These contrasting ways of working with knowledge in clinical supervision reveal different ways of dealing with uncertainty, in which supervision as a site of emergent learning (Reich *et al.*, 2017) recognises and responds to different demands and complexities of practice.

An epistemic object orientation might heighten an uncomfortable lack of certainty for some practitioners. As an action-oriented site of emergent learning, supervision can meet a jointly recognised demand to figure out what the supervisee could do next i.e. which therapeutic actions to take. This does not eradicate uncertainty but deals with it by making a plan, through problem-solving and asking 'what next?' rather than 'why?' (Wilkens *et al.*, 2017). Questions of 'why' tend

to be resolved and taken as a point of departure informing concrete action plans. In contrast, an epistemic orientation constitutes supervision as a site of emergent learning that recognises and meets the demands of understanding 'why?', rather than planning next steps. The discussion dwells in, but does not conclusively resolve 'why' questions, producing actionable knowledge in the realm of new possibilities rather than converging on intended plans.

Our argument is not that one approach is more effective than the other. Both parties in Pair 1 found their (epistemic) approach valuable. For Pair 2, Cathy confirmed in interview her measure of success as a supervisor lay in eliciting ideas for action, so that Kayla left the session with something she would like to try in practice. The combination of both approaches met the needs of Pair 3. Both approaches clearly enacted sites of emergent learning that were viewed and valued by those involved as meeting relevant, practical learning demands.

Our intention is not to suggest a rigid binary with a single, homogenous practice on either side: epistemic- or action-oriented. The distinction points to important differences in ways of doing work about work, enriching the concept of sites of emergent learning with important epistemic features. The analysis indicates that the orientation to knowledge objects has consequences for how supervision unfolds, how different knowledge resources are activated, and what is jointly produced through the work about work that supervisors and supervisees do together.

Explicit awareness of these differences can allow supervisory dyads to be intentional about the knowledge work they undertake in supervision. For instance, an action orientation might be chosen when a supervisee seeks confidence in subsequent practices, yielding productive new knowledge. This is especially valid in cases where the issue at hand is familiar and understandable through established ways of knowing in a particular profession, as when the knowledge resources of diagnosis lead to a convergent understanding, and sequelae of what to do next flow from this. An epistemic object orientation might be chosen when novel or particularly complex situations are faced, where uncertainty remains high and issues defy classification within existing frameworks, or where next steps may involve breaking away from what is obvious or routine (Markauskaite and Goodyear, 2016). Rather than favouring one approach over the other, awareness of both could help fine-tune supervision practices to the epistemic nature of the problems they address.

Conclusion

This paper offers a novel understanding of clinical supervision, a common and crucial approach to workplace learning. Taking up Reich *et al.*'s (2017) concept of sites of emergent learning, and adapting Knorr Cetina's (2001) notion of epistemic objects to the intimate work of supervision, it addresses knowledge gaps regarding not just *what* is discussed in clinical supervision, but *how* this work about work is done. Foregrounding epistemic dimensions of supervision, it reveals previously unspecified but consequential differences in the ways that knowledge is worked with and produced. The study also broke new methodological ground by capturing a sequence of five supervision meetings, enabling detection of variations in how supervision was enacted as a site of emergent learning within a particular supervisor-supervisee dyad, depending on the issue at hand.

The focus on three supervisory pairs offers much-needed depth (Pearce *et al.*, 2013; Pollock, 2017; Wilkens *et al.*, 2017), but precludes simplistic generalisation within or beyond the context of registered psychologists in Australasia. In highlighting the different ways in which supervision can take up problems of practice as knowledge or epistemic objects, the study offers a valuable basis to explore how such variation manifests in other professional contexts, and how supervision as a site of emergent learning can attune to the epistemic demands of practice. Rather than offering prescriptions as to best practices, the analysis presented here opens up new and important avenues to advance our understanding of supervision as a means through which professionals learn about work and address uncertainties in practice.

Endnotes

"Peer consultation" forms a mandatory component of psychologists' CPD requirements in Australia. This is defined as "supervision, mentoring and consultation ... for the purposes of professional development and support in the practice of psychology" (Psychology Board of Australia, 2015).

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