Can an understanding of transactional analysis improve postgraduate clinical supervision?

Clinical supervision in postgraduate medical training is vital in producing competent and safe health-care practitioners. Effective communication between supervisors and trainees at an interpersonal and professional level determines the quality of the supervision process. Transactional analysis, a theory of personality, can be used to enhance understanding of interpersonal interactions and improve the outcomes of clinical training.

Health-care organizations recognize supervised training as helping to ensure patient safety and the development of an effective medical workforce for future service needs (Department of Health, 2007). The Department of Health's Gold Guide to specialty training describes 'clinical supervision' as supervision of the day-to-day clinical performance of the trainee including the provision of regular feedback (Department of Health, 2007). Clinical supervision of postgraduate trainees contributes to the development of competent, effective and safe health-care practitioners. Evidence suggests it has a positive effect on patient outcomes and that lack of supervision can actually be harmful to patients (Kilminster and Jolly, 2000).

All postgraduate trainees need to work closely with a named clinical supervisor to agree objectives for each part of the training programme. Supervisors ensure that adequate training takes place, regularly appraise the trainee and provide formal feedback on the trainee's performance to the training bodies at the end of the attachment. Trainees also have opportunity to comment on their supervision to the training authority.

Dr Manoj Sivan *is National Institute for Health Research Academic Clinical Fellow in Rehabilitation Medicine, Academic Department of Rehabilitation Medicine, Leeds,* **Professor Judy McKimm** *is Pro Dean, Health and Social Practice, Unitec New Zealand, Waitakere Campus, Henderson, Auckland, New Zealand; Visiting Professor in Healthcare Education and Leadership, University of Bedfordshire and Honorary Professor in Medical Education, Swansea University, and* **Mr Sam Held** *is Senior Lecturer in Medical Education, Oceania University of Medicine, Samoa*

Correspondence to: Professor J McKimm

Good interpersonal and professional communication between supervisor and trainee determines the quality of the supervision process. The interaction between supervisor and trainee is influenced by many factors including seniority, experience, personality, culture, sex, time constraints and the specialty. In situations (such as supervision) where the relationship is critical to effective interaction, training in the use of psychological theories, including transactional analysis, can help individuals build more effective relationships and communicate more effectively.

Some literature exists on the application of transactional analysis in the supervision process in related professions like psychotherapy and nursing (Holyoake, 2000). However, evidence on application of transactional analysis in postgraduate medical education is scarce. McKimm and Forrest (2010) explore clinical and educational supervision in medical education from the supervisor's perspective using the 'Drama' and 'Winners triangles' of transactional analysis theory. There is no literature to date applying transactional analysis to the trainee's perspective of clinical supervision.

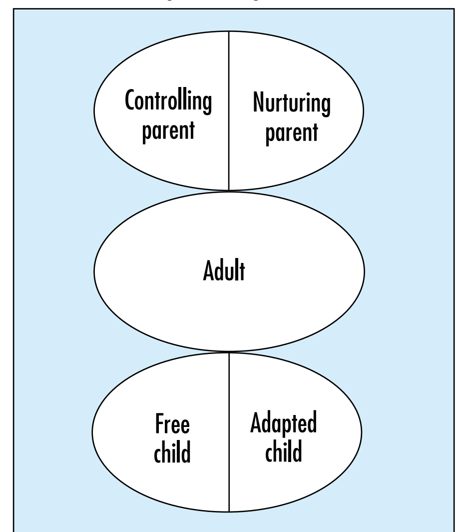
This article discusses the experiences of a postgraduate trainee, 'George', using transactional analysis to analyse communications with his clinical supervisor in three related situations, exploring possible alternative actions which could have led to different outcomes.

Overview of transactional analysis

Transactional analysis was developed by Eric Berne, an American psychiatrist, in the 1960s (Berne, 1961). Transactional analysis is a theory of personality and interpersonal communication which can be used to analyse the pattern of transactions in any communication. A transaction is a unit of communication, verbal or non-verbal. The theory suggests that an individual's personality is made up of three ego states: parent, child and adult (*Figure 1*). The individual is capable of operating from any of the three ego states at any given time. The other person involved in the communication (transaction) also responds from one of the three ego states. The ego states from which each participant is transacting will determine the nature, flow and outcome of the communication.

The 'parent' ego state draws on internalized values, opinions and judgements acquired in early life primarily from parent or carer figures or from cultural beliefs (Lister-Ford, 2002). The 'nurturing parent' is essentially supporting and caring but can be overprotective. The 'controlling parent' sets safe boundaries and limits, intended to protect, but can become critical and over-controlling. Parental messages include the words

Figure 1. The parent–adult–child diagram demonstrating the three ego states of transactional analysis theory.



'should', 'must' and 'ought' and their negative equivalents.

The 'adult' ego state operates in the 'here and now' using all resources available at the time including rationality, reasoning and experience.

The 'child' functions either as 'free child,' who responds in a immediate, socially unconstrained way, or as 'adapted child', who responds on the basis of internalized social learning, adapting to demands of other people (Lister-Ford, 2002). The adapted child ego state transactions may be characterized by passivity and over-compliance, passive-aggressive behaviours or token rebellion.

Transactions in a communication can be complementary or non-complementary ('crossed') (*Figures 2* and *3*). Complementary transactions are when a stimulus aimed towards an ego state receives a response from that same ego state, so that the vectors on the parent–adult–child diagram are parallel (Stewart and Joines, 1987; Booth, 2007). Common complementary transactions are parent–child and adult–adult. Such communications can continue until one person changes ego state and the transactions become crossed. This forces one of the communicators to change his/her ego state to enable complementary transactions to start again (Stewart and Joines, 1987). The adult–adult transaction is the most desirable and productive communication between professionals and patients in health-care situations (Parissopoulos and Kotzabassaki, 2004).

Figure 2. Complementary interactions of transactional analysis theory (parent–child, adult–adult).

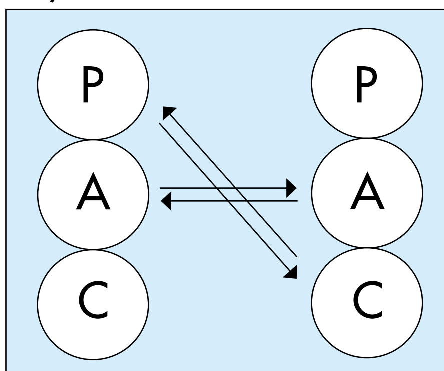
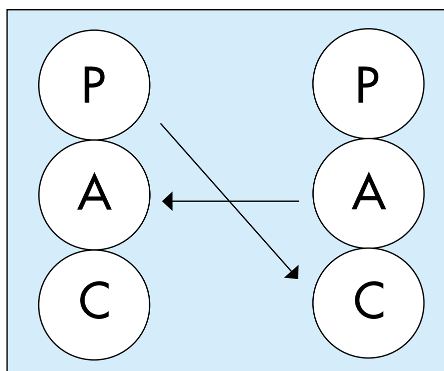


Figure 3. Example of a crossed interaction (the stimulus is parent–child whereas the response is adult–adult).



A person's ego state can be observed through tone, gestures, postures and facial expressions used by the person as well as words (Stewart and Joines, 1987).

Strokes and game playing

Other important transactional analysis concepts which influence transactions are strokes and games.

Strokes

Everyone needs stimulation and recognition to make life meaningful and interesting. Strokes are transactions aimed at making people feel good (positive strokes, e.g. 'you really did well with clerking that patient yesterday'), or bad (negative strokes, e.g. 'look at the state of you, haven't you bothered to shave this morning') (Freed, 1973). Strokes can also be neutral (where a person is unacknowledged, ignored or rebuffed) – these are more punishing than a negative stroke. Strokes can be conditional (based on an action) or unconditional (about being). During any transaction there is an exchange of strokes which influences the individual's behaviour (Berne, 1970).

Game playing

A game is an ongoing series of complementary, ulterior transactions with a concealed motivation (Berne, 1964; Lister-Ford, 2002). People may play 'social games' when both individuals complement each other with strokes and remain in an adult–adult transaction. However, people may sometimes get involved in 'psychological games', outside conscious awareness, which are usually unproductive and harmful. Games become obvious when one of the players switches ego states and result in one of the players feeling confused, misunderstood and wanting to blame the other person (Stewart and Joines, 1987). A game can be characterized by the feeling: 'here we go again' or asking oneself 'what is happening here?'

Games in transactional analysis are seen as the way people subconsciously ensure that their 'life scripts' play out. Each person writes his/her own script as he/she grows up based on early decisions from life experience. Theoretically there are infinite possible scripts, but many have much in common. Potentially scripts can be positive and affirming, but frequently they reinforce negative messages from significant adults the person has internalized about him-/herself in childhood. Out of conscious awareness people play out their scripts repeatedly, using games to get to the finale which is known as the 'script pay-off: the reinforcement of the internalized message they have about themselves. Thus the individual whose script message is 'I'm no use at relationships' will contrive to play games that sabotage any potential relationship in which he/she becomes involved.

A trainee's experience

George, a second year training registrar in a medical specialty, experienced unsatisfactory supervision from one of his clinical supervisors. This section reflects on three difficult situations and applies transactional analysis to understand the key issues and alternative actions which could have improved the transactions and George's experience. Adjectives that can be used to identify ego states are underlined (Williams and Williams, 1980).

Situation 1: procedure (spinal injection) lists

George's clinical supervisor was responsible for overseeing his training for the year. George was very enthusiastic and punctual, showing a keen interest in ward work, outpatient clinics and procedure lists performed by his supervisor and his supervisor seemed happy with George's clinical knowledge.

After a few months of observing procedures, George asked whether he could perform procedures. However, the supervisor said he felt he was not senior enough to supervise George performing procedures and it would be more appropriate for George to learn the procedure from a more senior consultant colleague.

George was puzzled, wondering why he had to attend the lists of another consultant who was not supposed to be training him. George felt he could not challenge this, so asked the senior consultant to train him in the procedures, which he was happy to do.

After a few months, George was allowed to carry out procedures under supervision and do the entire list independently. The senior consultant completed all the required procedure assessments forms with above average grades and gave George an 'excellent trainee' remark in the feedback.

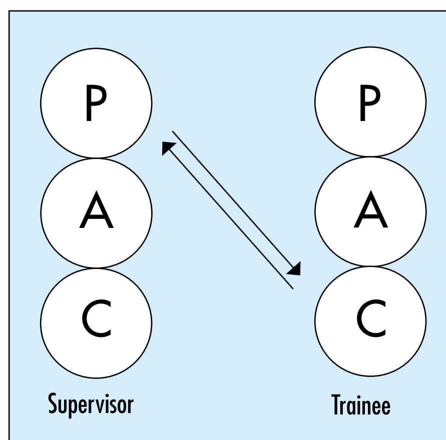
Transactional analysis

George was in adult ego state (*Figure 4*) as he had requested his supervisor to let him learn on the reasonable and logical grounds that he had seen enough procedures. His supervisor seemed in controlling parent as he was being overprotective and controlling towards George performing procedures. This non-complementary transaction left George feeling confused about the unsatisfactory experience. However, because of the supervisor–supervisee power differential, George did not stay in adult, responded from his adapted child and agreed to his supervisor's suggestion. This made the transaction a complementary adult-child transaction which appeared to 'work' and resolved the situation temporarily.

Alternative actions

George could have remained in adult (thus 'crossing' the transaction) by requesting an appraisal meeting with his supervisor or setting out his logical reasons for wanting to practice procedures under supervision. Although crossing the transaction might have felt uncomfortable at first, through persistence and reasoned argument George could have enabled his supervisor to move to an appropriate adult response. This might have resulted in the supervisor asking the senior consultant to train George himself rather than telling George to approach him. Everyone could then have felt more comfortable as they would have been operating in adult to deal with professional matters.

Figure 4. Parent–adult–child diagram for situation 1.



Situation 2: outpatient clinics

After a period of observing, George was allowed to see patients himself in the outpatient clinics and discuss the management plan with his supervisor before putting it into action. After a few months, the supervisor was happy to let George manage patients independently. However, because George was working in clinics with his supervisor but doing procedure lists with the senior consultant with different patients there was no continuity of care and the learning process was difficult and frustrating. George expected his supervisor to suggest he attend the senior consultant's clinics instead, but this never happened.

In the last few months of the attachment, George asked his supervisor to observe his clinic consultation and complete the mandatory deanery training assessment forms. Although the supervisor agreed, this never happened. Despite George's repeated reminders the supervisor said each time that the clinic was too busy. Finally, a date was set to carry out the assessment in the penultimate clinic but, on the day, the supervisor again said he was too busy and the assessment was not done. At this point, George was very upset and frustrated and asked the clinical director for advice. The clinical director was sympathetic and, although suggesting that George should have approached him earlier, set up an urgent meeting with the supervisor and George.

Transactional analysis

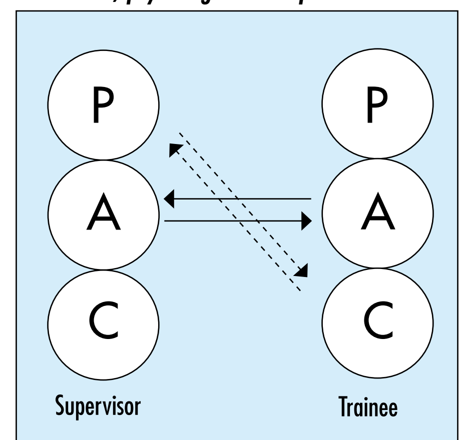
Although the transaction in this situation seemed to be adult–adult (*Figure 5*), the ultimate result was unsatisfactory and frustrating for George, with many examples of 'here we go again' as each assessment opportunity was missed. This could reflect a game being played at the psychological level by both George and his supervisor.

The game involved the supervisor in a controlling parent ego state and George in an adapted child state. The supervisor repeatedly avoided completing assessments and seemed to find an excuse each time. This is the 'Why don't you – yes but' game (Berne, 1964). His supervisor seemed evasive and prevaricating in this situation. In conscious awareness he knew that George was doing well in the clinics and managing patients independently, however, out of conscious awareness he was resisting the repeated demands from the adapted child ego state of George, instead 'choosing' to potentially sabotage both George's assessment and his own position as an effective supervisor.

George was anxious about his training assessments and inhibited, hence did not challenge the repeated postponing of the assessments and remained compliant and obedient. George was not proactive about his concerns about continuity of care and the learning process. He expected his supervisor to do something about it, but when nothing happened he took no further action.

It is possible that George's script includes the internal message that 'parent figures always let you down' or 'parent figures are always right', hence the compliant child ego state. Similarly it is conceivable that his supervisor's script included negative childhood messages about his own competence leading to a subconscious reluctance to take responsibility. If two scripts like

Figure 5. Parent–adult–child diagram for situation 2 showing the ulterior transaction. Social level: adult–adult, psychological level: parent–child.



these coincide in a series of complementary transactions, it is quite predictable that the two players will unwittingly collude in a game. George was unaware he was in a game throughout. Even when the supervisor refused to assess him on the agreed date he chose not to challenge his supervisor but instead approached the clinical director.

Alternative actions

At any point if George had realized the game was being played, he could have acted from adult ego state and reminded his supervisor that assessments are mandatory and that all his previous supervisors had made time within the clinic time to complete the assessments.

George could also have tried to engage his supervisor in an adult–adult conversation by asking 'is there a practical problem with doing my assessments and how can we make time for these?' or 'I would really welcome some formal feedback on my performance, I don't know whether you are satisfied with my performance or whether I am performing badly'. These statements may have enabled his supervisor to respond from an adult ego state. George may have assumed that his supervisor was satisfied with his progress and competency but without a formal written record he should not have been seeing patients on his own. If supervision and training remained unsatisfactory, then George could have approached the clinical director earlier, even informally, about his concerns.

Situation 3: complaint meeting

In the meeting with the clinical director, George's supervisor seemed relaxed and in control. He argued that patient care is always a priority and has to be put before the training needs of junior doctors. As a junior consultant he felt that he could not take the risk of letting juniors do his procedures and therefore directed George to a senior colleague to learn procedures. Also there was not enough time to do assessments in the outpatient clinics.

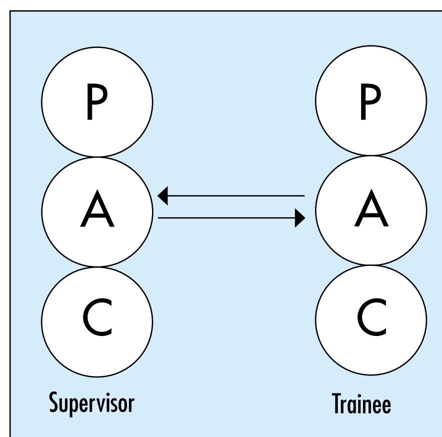
George questioned many things. Why had his supervisor agreed to supervise him if he felt he would not be comfortable to train trainees in clinics and procedures? In clinics, if his supervisor was happy to let him manage patients, why was he reluctant to do the assessments? How could George reflect on his clinical skills if no structured feedback was provided? If his supervisor had any doubts about competency, then that should have been communicated to George at an early stage via an appraisal meeting. George's competencies in previous jobs could then have been checked.

The clinical director appreciated George's concerns. He stressed the importance of the mandatory assessments as evidence of the training activity to the supervisor. He asked that the assessments be completed in the last clinic of George's attachment and that an end of term appraisal report be carried out as soon as possible. Thankfully for George, all his assessments were completed satisfactorily and without a hitch in the last clinic. The appraisal report confirmed satisfactory completion of training for the year.

Transactional analysis

The supervisor defended his actions, finding fault with George, This is a well-documented element of game-playing behaviour in which the player will suddenly switch role and portray the other person in a negative light (Stewart and Joines, 1987; McKimm and Forrest, 2010) by suggesting that George was not putting patient care before his own interests. Although this might have seemed in adult, his supervisor was probably in his controlling parent ego state (*Figure 6*). George, however, remained rational and reasonable in his arguments that the supervisor role requires the completion of feedback assessments and enabling trainees to learn procedures. The clinical director was also in adult ego state which helped George to stay in adult. In a three-way transaction where two participants are in adult it is likely that his supervisor was able to respond in adult which led to a satisfactory result in terms of completion of the assessments and training programme.

Figure 6. Parent–adult–child diagram for situation 3.



Having knowledge of transactional analysis principles helps the trainee (and supervisor) reflect on and understand communication problems. Appraisal and feedback processes, which already exist in the clinical supervision process, should be used to address issues from the start of the process. George needed to be more proactive in dealing with the situation early rather than waiting until the end of the placement. He could have checked with previous trainees about their experience with the supervisor and talked with the clinical director. After leaving the placement, he could also speak with subsequent trainees regarding standards of supervision and offer support, as the supervision process might remain ineffective and problematic.

Conclusions

Clinical supervision has a vital role in postgraduate medical training and helps determine the quality of the future medical workforce. To ensure training objectives are met, both supervisor and trainee need to constantly reflect on the supervision process and attend to communication aspects of the relationship. Where communication breaks down or is difficult, transactional analysis models can be used to analyse the dynamics of the interaction between supervisor and trainee and enable effective adult–adult interactions, which are the most appropriate in the workplace.

Although medical school and foundation curricula are crowded, alongside more conventional psychological and communications theory, some training in transactional analysis models enhances understanding of interactions and communications with peers, colleagues and patients. The application of transactional analysis and other psychological approaches by people who are trained in their use can help to find alternative actions and ways of approaching situations which can potentially resolve problems and improve the quality of the clinical supervision process for all those involved. **BJHM**

Conflict of interest: none.

Berne E (1961) *Transactional Analysis in Psychotherapy.* Grove Press, New York
Berne E (1964) *Games People Play.* Harmondsworth, Penguin
Berne E (1970) *Sex in Human Living.* Harmondsworth, Penguin
Booth L (2007) Observations and reflections of communication in healthcare- could transactional analysis be used as an effective approach? *Radiography* **13:** 135–41
Department of Health (2007) *A guide to postgraduate speciality training in the UK.* The Gold Guide. HMSO, London
Freed AM (1973) *TA for Tots (and other Prinzes).* Jalmar, Rolling Hills, CA
Holyoake DD (2000) Using transactional analysis to understand his supervisory process. *Nurs Stand* **14:** 37–41
Kilminster SM, Jolly BC (2000) Effective supervision in clinical practice settings: a literature review. *Med Educ* **34:** 827–40
Lister-Ford C (2002) *Skills in Transactional Analysis counselling and psychotherapy.* SAGE, London
McKimm J, Forrest K (2010) Using transactional analysis to improve clinical and educational supervision: the Drama and Winner's triangles. *Postgrad Med J* **86**: 261–5
Parissopoulos S, Kotzabassaki S (2004) Orem's Self-Care theory, transactional analysis and the management of elderly rehabilitation. *ICUS NURS WEB J* **17:** 11
Stewart I, Joines V (1987) *TA Today- A New Introduction to Transactional Analysis.* Lifespace, Nottingham
Williams KB, Williams JE (1980) The assessment of Transactional Analysis ego states via the Adjective Checklist. *J Pers Assess* **44:** 120–9

KEY POINTS

- Transactional analysis, a theory of personality and interpersonal communication, can be used to analyse the pattern of transactions between two individuals.
- The ego states (parent, child and adult) from which transactions originate determine the nature, flow and result of the interaction between individuals.
- Adult–adult transactions are the most productive interactions in workplace settings; they can enhance effective clinical supervision and improve the quality of patient care.
- People can become involved in (usually subconscious) psychological games which influence transactions between individuals and can lead to misunderstandings, confusion and harm.