



**CLINICAL SUPERVISION
(Reflective Learning)
Policy & Guidelines for
Nurses, Midwives & Allied Health Professionals**

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The provisions of this policy, which was developed by a partnership group on behalf of Grampian Area Partnership Forum, apply equally to all employees of NHS Grampian except where specific exclusions have been identified

NHS Grampian
Clinical Supervision Policy and Guidelines

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**NHS Grampian
Clinical Supervision Policy and Guidelines**

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1 Aim of the policy

NHS Grampian is committed to enabling staff to access regular clinical supervision in recognition of its potential to help create a working environment in which practitioners excel and clinical excellence can flourish.

Individual professional groups should interpret this policy in conjunction with their specific professional and regulatory body guidelines.

2 Introduction and context

The Nursing and Midwifery Council (NMC 2006), the Health and Care Professions Council (HCPC 2005) and the Scottish Government (2006) support the principle of Clinical Supervision as an important aspect of continuing professional development for healthcare professionals.

NHS Quality Improvement Scotland (NHS QIS) has developed standards for clinical governance and risk management. These standards require all NHS Boards to put in place the necessary systems and processes to ensure that safe, effective and person-centred care and services are being delivered across Scotland. One of the criteria required to meet Standard 3, 'Assurance and Accountability', is that each NHS Board must ensure:

'There are policies and standards on clinical supervision for each professional group.' (NHS QIS 2005)

Clinical Supervision underpins the principles of clinical governance and should be seen as an integral component of staff support and development. Clinical Supervision cannot be considered an optional extra. It is fundamental in maintaining the quality and safety of services provided and to develop the knowledge skills and experience of the workforce. Clinical Supervision should be available to all levels of clinical staff.

NHSG is committed to integrating effective Clinical Supervision into working practices to promote job satisfaction and retention rates, accountability and autonomy, staff well being, and ultimately the provision of safe, effective and person centred clinical care.

2.1 Definitions of Clinical Supervision

Clinical Supervision has been defined as:

- A collaborative process between two or more practitioners of the same or different professions. This process should encourage the development of professional skills and enhanced quality of patient care through the implementation of an evidence-based approach to maintain standards in practice. These standards are maintained through discussion around specific patient incidents or interventions using elements of reflection to inform discussion. (CSP 2005)
- A practice – focused professional relationship, involving a practitioner reflecting on practice guided by a skilled supervisor. It supports practice, enabling registrants to maintain and improve standards of care. (NMC 2008)
- Clinical Supervision provides a route to developing and maintaining emotionally healthier individuals in an emotionally healthier workforce culture. Effective systems of clinical supervision can bring benefits not only to practitioners but also to the organisation and its clients (Bond & Holland, 1998, pxii)

Clinical Supervision is not line management supervision, appraisal or caseload supervision. Staff should have access to Clinical Supervision in addition to other supervisory arrangements. Clinical Supervision involves regular discussions between two or more practising clinicians, one of whom has a sufficiently extended level of skills, knowledge and abilities to support the development of the other(s). This does not necessarily mean that the supervisor will be of a higher grade than the supervisee.

It should be acknowledged that there is overlap between the principles of clinical supervision and that of coaching and mentoring. It is important that it is understood that both of these approaches can support staff development. Further information on NHS Grampian's coaching and mentoring framework will be published on the learning zone later in 2013.

The practice of Clinical Supervision includes a range of activities that have reflective learning as a core element.

2.2 Benefits of Supervision

There is evidence to indicate that effective Clinical Supervision has a beneficial impact on patient care, practitioners and the healthcare organisation. Examples of such benefits include the following:

- It promotes a person-centred approach to practice; patient advocacy; working in partnership; empowerment and independence.
- It provides the opportunity to constantly evaluate and improve patient care and satisfaction.
- It enables practitioners to gain confidence in their ability to make the right decisions, which develops self-assurance, broadens thinking and contributes to the delivery of safe patient care.
- It enables practitioners to deal with and positively adjust to organisational changes.
- It encourages the opportunity to develop imaginative ideas for future practice.
- It enables practitioners to explore the emotional aspect of caring within the workplace to help promote a healthier work-life balance.
- It enhances performance standards, accountability and autonomy, staff well being, job satisfaction and retention rates.

3 Functions of Clinical Supervision

The Three Function Interaction model by Proctor (1986) , adapted by Bond & Holland (1998), outlines the purposes of Clinical Supervision:

- Normative: This is the monitoring and clinical risk management component which enables the supervisee to focus on issues of a person-centred, safe and effective practice and their professional accountability in relation to practice.
- Restorative: This supportive component provides the supervisee with a safe and confidential environment to reflect on personal reactions and feelings and identify possible need for further support. It provides validation of good practice and underpins the establishment of a good working alliance.

- Formative: This educative component enables the supervisee to reflect on their work and identify their ongoing professional development needs.

3.1 General Principles of Clinical Supervision

- All sessions are confidential between participants unless all parties have given prior permission
- The key to effective supervision is regular sessions with sufficient time allocated. Supervision sessions will occur at regular planned intervals
- The implementation of formal supervision sessions does not exclude informal discussions from taking place. However, ad hoc meetings and conversations cannot be constituted as supervision
- Feedback is a critical component of supervision to ensure there is a two-way interaction between supervisor and supervisee
- Supervisor and supervisee need to ensure ground rules are set for supervision sessions, and that these are documented. These should include clear, practical boundaries for the supervision to develop – venue, frequency, duration and confidentiality. It may be useful to consider the use of a contract for this purpose
- Supervisors should ensure they have appropriate preparation for their role
- It is acknowledged that due to the differences in service provision across the professions that a flexible approach to supervision needs to be adopted

3.2 Frequency and duration

- The evidence base suggests that clinical supervision sessions should occur on a six weekly basis for one hour. However, this may vary depending on the most appropriate model for the clinical setting.
- Supervision may need to be provided more frequently for new staff and for clinicians new to a role in line with KSF foundation gateways.

3.3 Confidentiality

Clinical supervision is a confidential process with the following exceptions:

- When both parties agree that an issue can be shared outside of supervision
- If an issue requires attention out with the supervision relationship, then this will be discussed within the session between supervisee and supervisor. e.g. this relates to child protection and vulnerable adult legislation

- The supervisee reveals any practice that the supervisor considers to be unsafe or negligent, and the supervisee is unwilling to go through the appropriate organisational procedures to address with it
- Where the supervisee is concerned regarding the supervisor's behaviour or practice

In the event of the circumstances outlined above, the supervisor will:

- Attempt to support the supervisee to address with the issue themselves through the agreed appropriate channels. Follow up with individual to ensure appropriate action is taken within an agreed time scale.
- If the supervisee is unwilling to address with the issue him/herself, the supervisor will advise the supervisee of their professional duty to escalate appropriately.

In the event that the concern is regarding the supervisor, the supervisee should seek advice from appropriate line management.

3.4 Responsibilities of Supervisee and Supervisor

Supervisor and Supervisee

- Preparing for supervision
- Sharing responsibility for ensuring that regular supervision occurs
- Ensuring that the objectives of supervision are met
- Contributing to a mutually respectful supervision relationship
- Modelling good professional behaviour and boundaries
- Negotiate agreement regarding use of contract and method of record keeping

Supervisee

- Identifying issues for discussion and negotiate the session agenda with the supervisor
- Be open to feedback
- Implement agreed actions from the session

Supervisor

- Provide a safe, supportive and focused space for the supervisee to reflect on issues
- Help the supervisee explore and clarify their own thinking, feelings and beliefs and encourage reflective practice
- Identify and act appropriately regarding any unsafe, unethical or illegal practice
- Highlight good practice
- Have and make use of their own supervision and support networks

- Identify the numbers of supervisees they can safely and effectively support, in negotiation with their line manager

Line Manager

- Line Managers should support clinical supervision by facilitating attendance at training, allocating time for supervision sessions, and reviewing effectiveness through informal discussions and as part of the KSF review process.

3.5 Preparation for role of Supervisor

Supervisors are expected to have appropriate training, knowledge and experience in order to provide effective supervision. Any identified gaps should be discussed with appropriate line manager.

3.6 Supervision agreements

Supervisor and supervisee need to ensure ground rules are set for supervision sessions, and that these are documented. These should include clear, practical boundaries for the supervision to develop – venue, frequency, duration and confidentiality. It may be useful to consider the use of a contract for this purpose. An example of this can be found in appendix 1.

3.7 Documentation of supervision sessions

It can be of benefit to document the content of supervision sessions to promote reflection, agree actions and to facilitate review of outcomes. An example of this can be found in appendix 2.

4. References

Bond M and Holland S (1998) *Skills of Clinical Supervision for Nurses* OU Press Buckinghamshire

Chartered Society of Physiotherapy (2005) *A Guide to Implementing Clinical Supervision* -

Health Professions Council (2005) CPD – *Key decisions* Health Professions Council London

NHS QIS (2005) *Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services* NHS Quality Improvement Scotland Edinburgh

NMC (2006) *A –Z Advice Sheet Clinical Supervision* NMC London On line <http://www.nmc-uk.org/> Accessed 10.10.2008 (see also statutory supervision of midwives)

NMC (2008) *Clinical Supervision for registered nurses. Nursing and Midwifery Council.*

Proctor B (1986) *Supervision: A Co-operative Exercise in Accountability* in: Marken, M & Payne, M. (eds.) (1987) *Enabling and Ensuring - supervision in practice* National Youth Bureau and the Council for Education and Training in Youth and Community Work.

Appendices

Appendix 1

Sample clinical supervision contract

| | |
|---|---|
| Supervisor: Job Title: Department: Date: | Supervisee: Job Title: Department: Date: |
| Frequency of sessions: | Duration of sessions: |
| Confidentiality: Content to be strictly confidential, unless it encroaches on codes of professional practice, or there are difficulties in the supervisory relationship in which case either party will inform the other before disclosure. | |
| Agreed Procedure for Record keeping: | |
| The supervisee will disclose any relevant supervision given by a third party | |
| Either party may call an end to the relationship if it is felt to be unproductive | |
| Expectations of supervision: | |
| Review Date: | |
| Supervisor's signature: | Date: |
| Supervisee's signature: | Date: |

Appendix 2 SAMPLE CLINICAL SUPERVISION RECORD
Record of Supervision

Name of Supervisee

Name of Supervisor

Date of Supervision

Duration

Please reflect on what either party might bring to supervision, and review previous session:

Record of the agenda; discussion; action points:

Date of Next Supervision session:

Signed: Supervisee

Signed: Supervisor