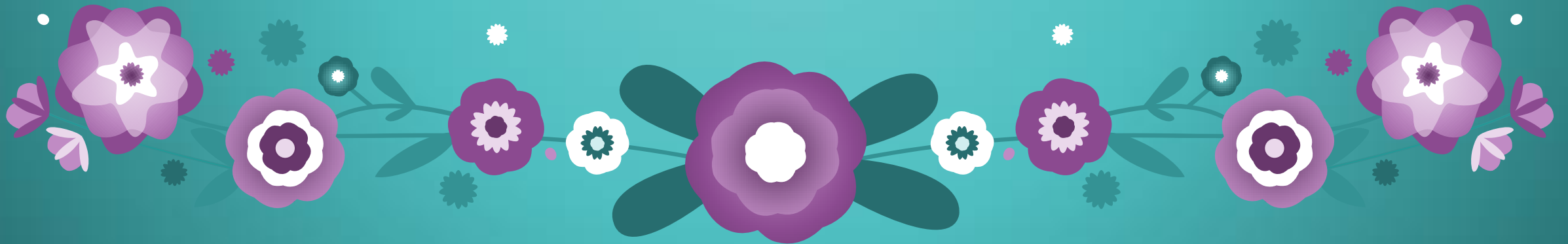


Clinical Supervision Workshop

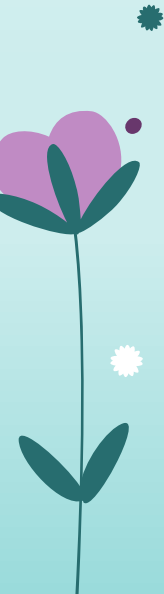
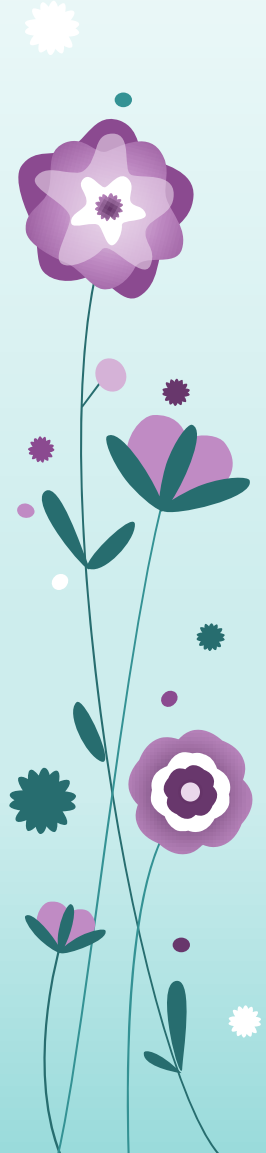
Annette Peedell



What do we actually mean by – **Clinical Supervision?**

- Supervision is about sharing, showing and giving support to help another person make progress and feel comfortable in their work (Skills for Care, 2007).

- <https://www.skillsforcare.org.uk/Leadership-management/managing-people/supervision/Supervision.aspx>



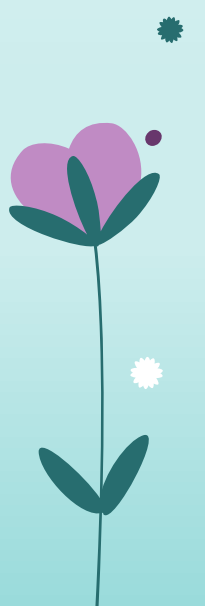
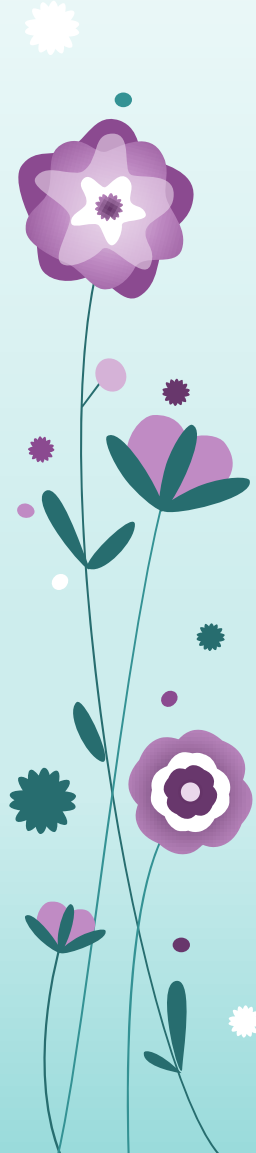
What are we aiming to achieve through Clinical Supervision?

Create opportunities to:

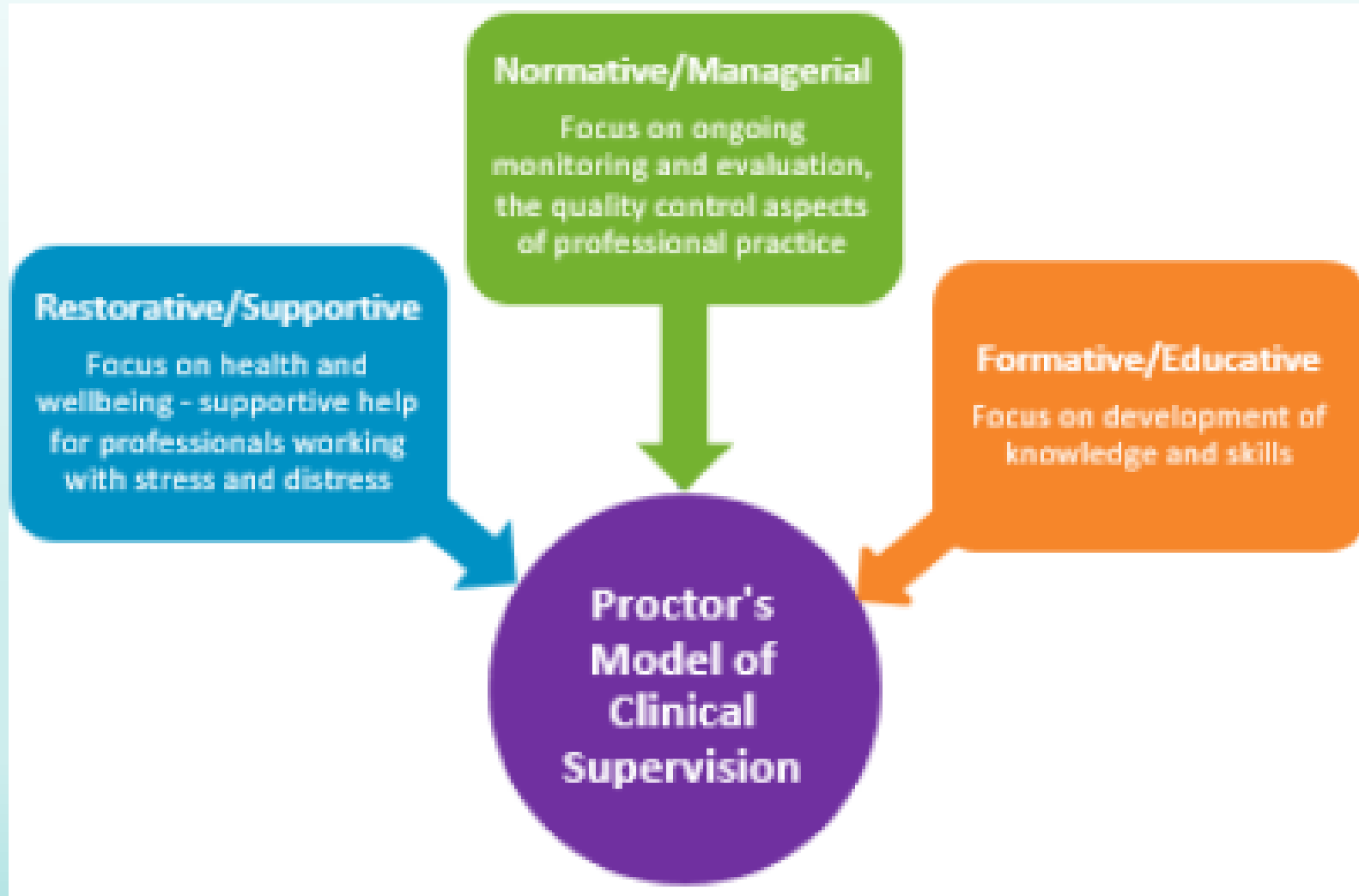
- **Reflect and review practice**
- **Have in depth discussions about individual cases**
- **Change/modify practice so as to identify continuing development/training needs**

(Care Quality Commission, 2013)

- https://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf



Proctor (1987)



Proctor B (1987) Supervision: a co-operative exercise in accountability. Enabling and Ensuring: Supervision in Practice. MM and PM Leicester, National Youth Bureau and the Council for Education and Training in Youth and Community Work.

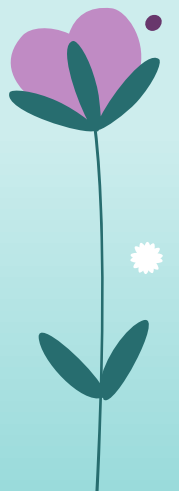
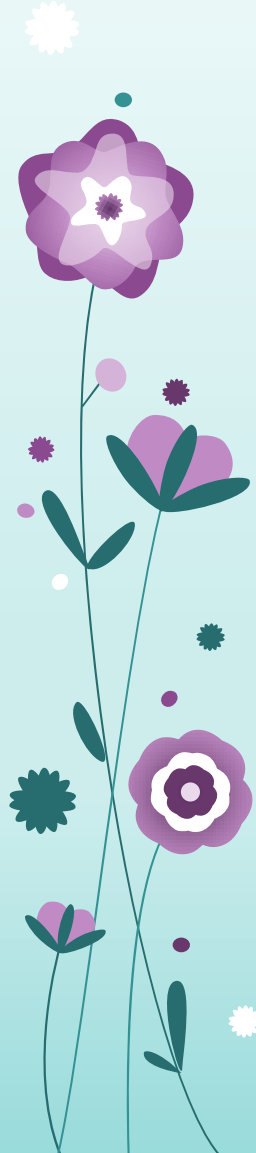
Normative Managerial

- How to address quality control issues - setting standards.
- Hence it is how to ensure nurses' work reaches appropriate standards.
- Thereby improving quality of work.
- These issues will be ongoing – quality and standards will always require reviewing.

Proctor B (1987) Supervision: a co-operative exercise in accountability. Enabling and Ensuring: Supervision in Practice. MM and PM Leicester, National Youth Bureau and the Council for Education and Training in Youth and Community Work.

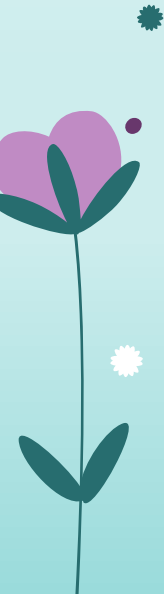
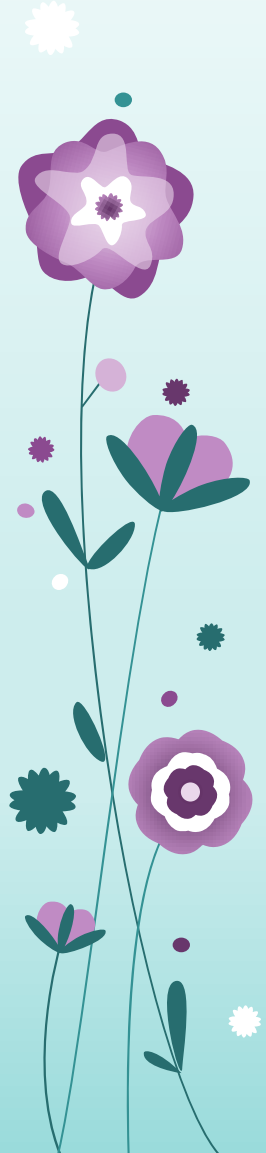
Formative/Educative

- How to develop an understanding of skills and ability.
- How to understand the client/service users(s) needs/wants better.
- How to develop awareness of reaction and reflection on interventions.
- How to explore other ways of working.
- Proctor B (1987) *Supervision: a co-operative exercise in accountability. Enabling and Ensuring: Supervision in Practice*. MM and PM Leicester, National Youth Bureau and the Council for Education and Training in Youth and Community Work.



Restorative/Supportive

- Exploring the emotional reaction to: conflict, sadness (loss of patient), work-related stresses.
- Can reduce burn out.
- Proctor B (1987) Supervision: a co-operative exercise in accountability. Enabling and Ensuring: Supervision in Practice. MM and PM Leicester, National Youth Bureau and the Council for Education and Training in Youth and Community Work.



Heron's Framework

- Involves 6 categories:

- **Prescriptive**

- **Informative**

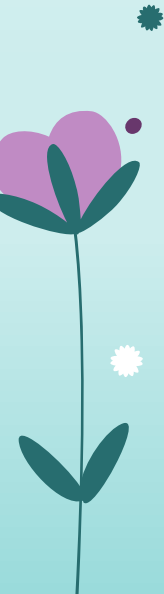
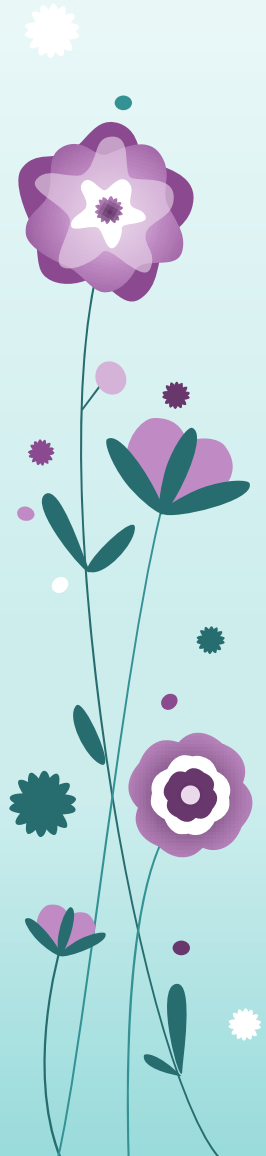
- **Confronting**

- **Cathartic**

- **Catalytic**

- **Supportive**

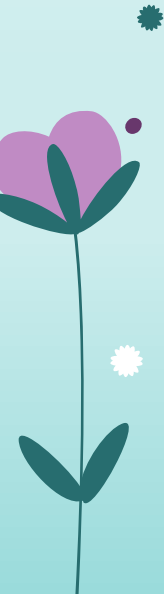
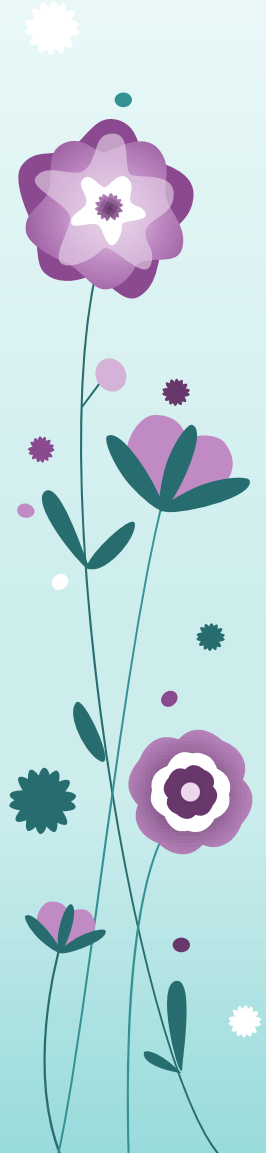
- Heron J. (1975) Six-Category Intervention Analysis. Human Potential Research Project, University of Surrey, Surrey, UK



Heron's Framework contd.

- These **six** categories can be condensed into **two** groups:
- **Authoritative Interventions**
- **Facilitative Interventions**

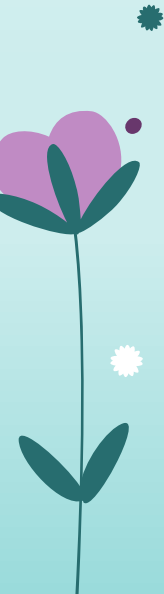
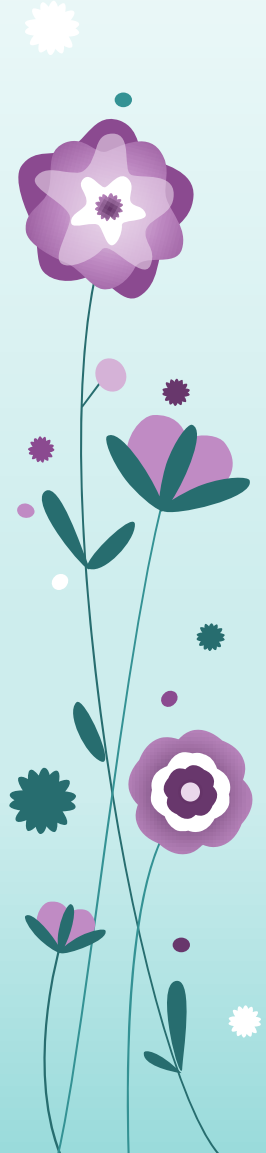
- Heron J. (1975) Six-Category Intervention Analysis. Human Potential Research Project, University of Surrey, Surrey, UK



Heron's Framework contd.

- **Authoritative interventions**

- Are those interventions which enable the practitioner to maintain some degree of control over the relationship, and are:
 - **Prescriptive** (offering advice, making suggestions)
 - **Informative** (offer information)
 - **Confronting** (challenge behaviour, attitudes, beliefs)
- Heron J. (1975) Six-Category Intervention Analysis. Human Potential Research Project, University of Surrey, Surrey, UK



Heron's Framework contd.

- **Facilitative interventions**
- Those interventions that enable the locus of control to remain with the client, and are:
 - **Cathartic** (enabling release of tensions & emotions)
 - **Catalytic** (encouraging further self exploration, self direction)
 - **Supportive** (validate, confirm worth & value of personal qualities, actions etc)
- Heron J. (1975) Six-Category Intervention Analysis. Human Potential Research Project, University of Surrey, Surrey, UK

Clinical Supervision IS/IS NOT!

| Clinical supervision is: | Clinical supervision is not: |
|--|---|
| <ul style="list-style-type: none">• An exploration of the relationship between actions and feelings.• A tool for professional development.• A safe place.• A place of learning.• Supportive.• A place to share burdens of work.• A structured framework for reflection.• Mutually supportive for all.• Open to questions and challenges.• About listening and being heard.• Inclusive.• Affirming.• Self-driven/self-owned by participants.• Supportive of personal accountability. | <ul style="list-style-type: none">• A means of checking up on practice.• A judgement on you or your practice.• An assessment.• A performance management tool.• Therapy (although it may be therapeutic).• Counselling or an opportunity to practice as a counsellor.• Controlled and delivered by managers.• Part of the reporting process.• A teaching session.• Mentoring by the facilitator.• Appraisal.• A “personal soap box”.• A place for snooping.• A place for blame.• A place to run down other members of the team.• A place for the facilitators’ agenda.• A dumping ground, or place for gossiping or moaning. |

Let's Get Clinical!

- **Who should receive/engage in Clinical Supervision?**
- **Answer:** Everyone who is providing a healthcare service!



Patient Centred Care at the Heart of everything we do!

Developing and Maintaining Clinical Skills in the Practice Setting

Menu / Resources

Clinical skills and the four pillars of practice

Clinical skills are used across the four pillars of practice. These pillars are relevant to all staff working in health and social care. Each pillar describes specific knowledge, skills, behaviours and responsibilities which make up your role.

Clinical skills are the skills directly related to the care that you provide to people who access your services. You require to develop skills in all four pillars of practice.



Select each pillar to learn more.



Clinical practice



Facilitation of learning



Leadership



Evidence, research and development

Leadership in relation to clinical supervision can be seen to have two interconnecting elements:

- Leading practice; role modelling good practice as a clinical and supervising practitioner, and developing and facilitating leadership capability in others (operational)
- Contributing to the establishment of a culture that promotes staff wellbeing and professional development through supervision (strategic).

NHS Scotland (2018) Clinical Supervision, Unit 4 LEADERSHIP AND CLINICAL SUPERVISION; PROMOTING PERSON-CENTRED, SAFE AND EFFECTIVE PRACTICE Digital Resource

https://twitter.com/nhs_education/status/1027910725942091776?lang=cs

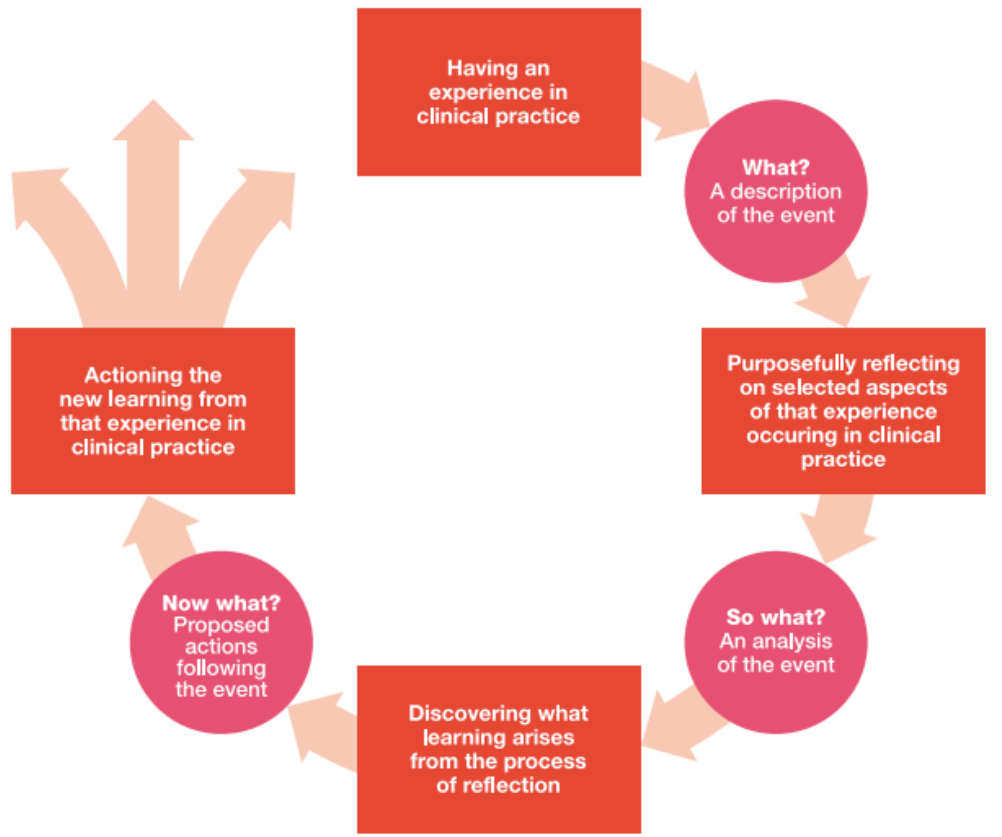
Facilitation of Clinical Supervision

| | Description | Possible benefits |
|------------|--|---|
| Individual | <ul style="list-style-type: none">• May be provided regularly for individuals with a single named facilitator over an extended period of time.• Can be ad hoc, as requested to deal with specific incident or issue.• May include brief interventions. | <ul style="list-style-type: none">• Development of trusting relationships between facilitator and participant maximising opportunity for challenge and growth.• Ad hoc sessions useful for providing more immediate support and opportunities for learning from difficult situations that arise. |
| Peer | <ul style="list-style-type: none">• Usually involves two or more participants facilitating their own sessions. These participants are usually experienced in clinical supervision or have previously acted as facilitators.• Can also involve participants rotating into the role of observer who gives feedback at the end of the session (also known as triadic supervision). | <ul style="list-style-type: none">• May be easier for some people to engage with – comfort in using skills and resources of trusted colleagues to support reflection on actions/events.• Can be helpful as usually those involved will be familiar with the situation being discussed. |
| Group | <ul style="list-style-type: none">• Can be provided in fixed groups of peers or colleagues operating at similar level with regular named facilitator.• Or in fluid drop-in groups with a pool of alternating facilitators. | <ul style="list-style-type: none">• Safety and trust can be built up over time in fixed groups.• Great potential to share knowledge and experience and learn from each other.• Cost effective way of providing access to regular clinical supervision. |

Activity One

Driscoll's Model of Reflection²

This is one example of a reflective model based around the questions:
What? So what? Now what?

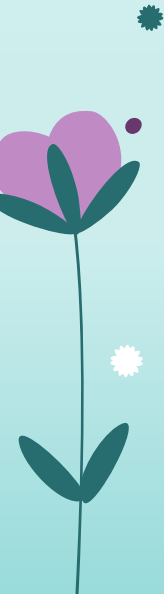
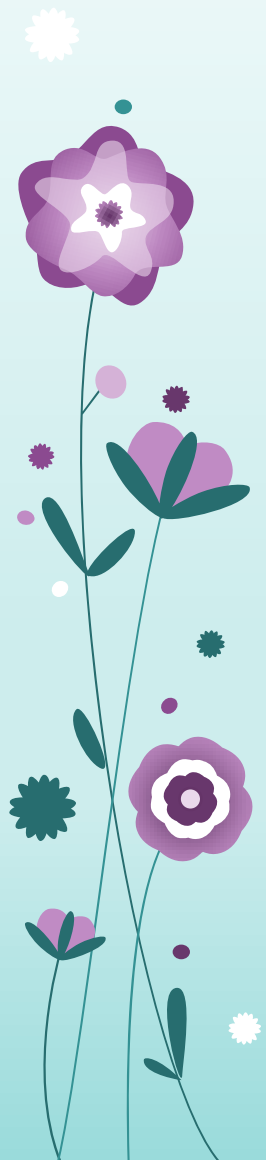


In your groups, work together using the reflection model as a framework (if you wish). Share your experiences, knowledge and learning whilst also supporting one another.

Driscoll, J. (2007) Practising Clinical Supervision (2nd Edition).
Edinburgh: Balliere-Tindall

What are the benefits of Clinical Supervision (Nurse focused) ?

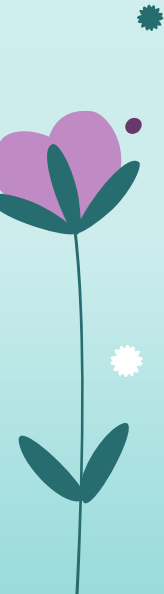
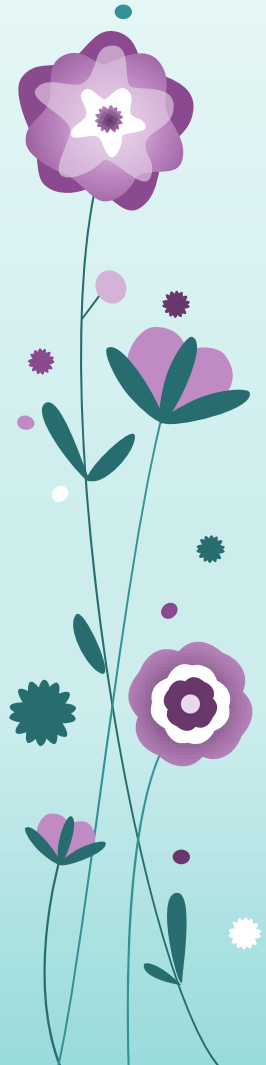
- It helps healthcare professionals to deal with the personal/professional demands of their work.
- It allows us to reflect upon and challenge our own practice in a safe/confidential setting.
- We can use it for CPD (revalidation) and to identify training needs.
- And as for service users and carers....
- They get the highest standard of care from healthcare professionals who are better equipped to deal the personal/emotional impact of clinical practice.
- https://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf



NMC The Standards

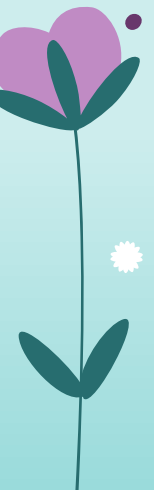
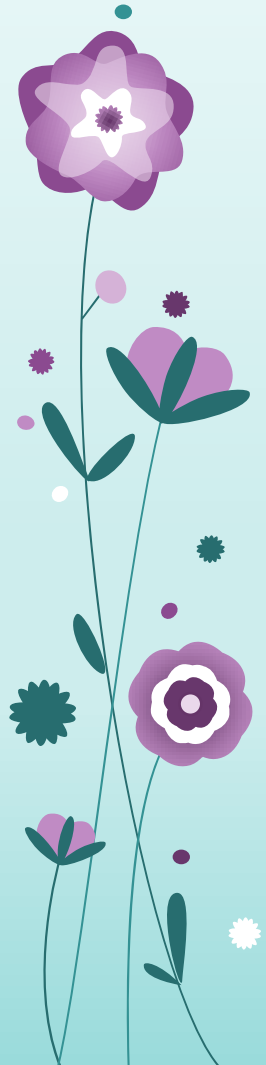
Leadership and Team Working

- facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.
- <https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-nurses.pdf>
- Let's also think **Recruitment and Retention** and about the next generation of nurses, nurse associates, healthcare assistants and how you as leaders can help invest in their future! Clinical supervision is a very valuable part of the 'retention pathway.'



Activity Two

- **Consolidation**
- Again – working in your groups have a look at each quadrant together.
- Discuss and answer where you can – innovate!
- Think also of nursing students/nurse associates/registered nurses and ‘Retention.’



Feedback from group work then **‘Close’**

- Thankyou for your participation!

