

Look back, move on: clinical supervision for nurses

March 1999
Royal College of Nursing

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Published by the Royal College of Nursing,
20 Cavendish Square, London W1M 0AB

March 1999

Re-order number: 001033



Produced by **mediamedica**

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What is clinical supervision?

Some definitions of clinical supervision

'Clinical supervision is a meeting between two or more people who have a declared interest in examining a piece of work. The work is presented and they will together think about what was happening and why, what was done or said, and how it was handled — could it have been handled better or differently, and if so how?'

(Wright, 1989)

'Clinical supervision is a term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations.'

(DoH, 1993)

'Clinical supervision is an exchange between practising professionals to enable the development of professional skills.'

(Butterworth, 1992)

'Clinical supervision is a formal arrangement that enables nurses to reflect regularly on their practice with other experienced professionals in order to learn from experience and improve competence.'

(Adapted from Kohner, 1994)

'Clinical supervision brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to identify solutions to problems, improve practice and increase understanding of professional issues.'

(UKCC, 1996b)

'Clinical supervision is a regular interactive process supported by an experienced skilled person. It uses a confidential framework to reflect on professional issues and develop skills.'

(Louden, 1998)

Making sense of definitions

To many nurses the term 'clinical supervision' is a rather daunting one — the name seems to imply a heavy-handed checking of the details of their work. In fact it is a process which is designed to help you, as a nurse, deal with the strains and problems of the job. The purpose is to allow you to learn and grow — both as an individual and as a practitioner.

Put simply, clinical supervision involves meeting one or more other nurses regularly to discuss aspects of your work. It is a process that you are in control of. You decide what you do and don't want to discuss, you set the agenda.

The discussions are confidential. You may meet your supervisor on your own, or you may be part of a small group. The purpose of clinical supervision is to encourage you to think critically about your practice, to check that you are following the right procedures, and to allow you to deal with any emotional issues that arise from your work.

Supervision might take about an hour in the case of one-to-one supervision, and an hour and a half for group supervision. It occurs in time that is regularly set aside in a quiet place, usually between one and four times a month.

It is not normally compulsory (unless it has been made part of your employment contract), you may choose whether to have it or not. If you *do* choose to have it you make a commitment to your supervisor to come to the sessions on time, ready to discuss things. Your supervisor makes a similar commitment to you.

Clinical supervision is for nurses at every level of seniority and experience. It is something which is intended to be of benefit to you and your patients/clients; there are also benefits for your employer. It provides an opportunity for you to deal with all sorts of issues that arise out of your work in an atmosphere of trust and calm reflection.

Although the idea can seem daunting, once they start clinical supervision most nurses feel that it is something that they would not want to do without. They come to regard it as a vital support for them in their work.

The aim of clinical supervision is to help you to do your job and get the most out of your career as a nurse.

Meeting your needs

Nursing can be a lonely business, even when you are working with large numbers of other people. There often isn't much time to discuss things with colleagues. To continue to work and develop as a nurse you need the chance to:

- Let off steam about things that have made you feel angry, discouraged or fed-up.
- Express and deal with feeling of distress and unhappiness arising from your work.
- Discuss your work in confidence with someone who understands the pressures of the job.
- Get guidance and feedback about your work.
- Develop your professional skills, get new ideas and information about how to deal with situations.
- Get a sense that you and your work are valued by your colleagues, that you are part of a larger team.

Clinical supervision can help meet these needs.

Clinical supervision in action

1. Evaluating the process

The following are comments from staff nurses in their first year of practice, who evaluated their experience of their clinical supervisor as follows:

She doesn't say: "This is wrong and this is the way to do it". She seems to ease you into a different way of thinking, by either saying how she would do it, or by suggesting, "It might be a good idea to do it this way".

'She often knows that you know, yet you're having difficulty expressing it. She seems to draw it out of you – helps you to delve and then put it into practice.'

'She listens to you and doesn't make you feel stupid. It's not seen as an inadequacy if you haven't got the answers.'

'I've learned to think about what I'm doing and why I'm doing it. It's very difficult to do – I now question what I am doing.'

'She gives you good feedback, always honest. It never puts you down, it's very clever – I justify what I did and my supervisor will say: "Yes, that's fine, now I understand why you've done it", instead of saying, "No, that's wrong". She takes on board what you have to say.'

'She seems to be listening to the meaning of the question, not just listening for the sake of it, but really empathising with me.'

'She is approachable and non-threatening because her manner is cheerful and she never seems to be down. She is really reliable, you know what to expect. She makes time for me and makes me feel that I have something positive to offer – I found that really encouraging.'

(Titchen, in press)

Clinical supervision close up

A brief history of clinical supervision

Clinical supervision has not been part of nursing for very long. It is still growing, and is by no means universally available. However, there is no doubt that it will play a big part in the future of nursing, and that means that it is likely to be with you throughout your career as a nurse.

Clinical supervision first appears as part of NHS policy in the document *Vision for the Future* in April 1993. In it, the Chief Nursing Officer at the Department of Health looks at ways in which nurses could contribute to the NHS healthcare agenda. The document sets out 12 targets for activity, one of these involves exploring clinical supervision:

'Nurses and health visitors require support in the development of their practice. One way of providing support is through the process of clinical supervision.

'Clinical supervision is a term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations.

'It is central to the process of learning and to the expansion of the scope of practice and should be seen as a means of encouraging self-assessment and analytical and reflective skills.

'The exploration of the concept of clinical supervision should be further developed so that it is integral throughout the lifetime of practice, thus enabling practitioners to accept personal responsibility and be accountable for care and to keep that care under constant review.'

**Where does
clinical
supervision
come from?**

In February 1994, in a professional letter, the Chief Nursing Officer said:

‘I have no doubt as to the value of clinical supervision and consider it fundamental to safeguarding standards, the development of professional expertise and the delivery of quality care.’

The origins of clinical supervision are with psychoanalysis. Psychoanalysts are required to undergo clinical supervision at a certain stage in their training, once they start to treat patients.

Counselling adopted this same method, with counsellors required to have regular supervision, not just during training, but throughout the whole of their professional lives.

Taking a cue from psychoanalysis and counselling the idea of clinical supervision was adopted by other professions. Social workers, for instance have regular supervisory sessions.

Clinical supervision has been part of psychiatric nursing since 1943. The 1982 Registered Mental Nurse syllabus formalised the position of clinical supervision within the profession. Health visiting and district nursing have long involved a form of supervision for post-registration students. Supervision is mandatory for midwives.

The Allitt inquiry raised many questions about the supervision and support of safe clinical practice, and seems to have raised the level of interest in the idea of supervision for nurses. The Department of Health report on the inquiry (DoH 1994a) was published on the same day as a position paper on clinical supervision commissioned by the Department of Health written by Faugier and Butterworth.

Why is the time right for clinical supervision?

Recently, various forces have come together to make the adoption of clinical supervision an important issue for the health service:

- The change from task-oriented to patient-focused nursing puts more emotional strain upon nurses.
- The 'flattened' management structure of NHS trusts has reduced the role of line manager in supervision, leaving a gap that needs to be filled.
- The Scope of Professional Practice (UKCC, 1992a) and the UKCC Code of Professional Conduct (UKCC, 1992b) make practitioners responsible for their own practice, and nurses need support in taking on this responsibility.
- The increased intensity of nurses' workloads, and the adoption of shift patterns that do not overlap mean that nurses have few opportunities to discuss their work informally.
- Changes in public attitudes to healthcare mean that there is a higher risk of complaints by patients/clients and relatives ending up in court.
- Continuing technological change and increasingly evidence-based practice require nurses to be lifelong learners. Registration is now considered a 'license to learn', which means that nurses need educational support.

What does clinical supervision do?

There are three things that clinical supervision aims to do:

1. To provide relief from the emotional and personal stresses involved in nursing.
2. To help you do your work in an effective way.
3. To enable you to gain the information and insights needed to develop as a nurse and make the best of your work.

You may see these three aspects of clinical supervision referred to as:

- Restorative
- Normative
- Formative (*adapted from Proctor, 1992*)

or as:

- Interpersonal
- Organisational
- Educational

The word **restorative** refers to the restoring, supportive function of supervision, helping you deal with emotional fatigue and stress. **Normative** is used to describe the process of enabling your clinical effectiveness. **Formative** refers to the educational aspect: guiding and shaping your practice.

Any one clinical supervision session will usually involve a mix of these three aspects. Some supervision sessions may be dominated by one of them, but over time there should be a balance between the three.

Restorative

Nursing as a profession requires that you form relationships with patients/clients who may be distressed or under great pressure. In addition, nurses are often involved in situations that concern loss. In order to work well, nurses need to empathise with these situations, and will inevitably be affected by the pain and distress they encounter.

These stresses have increased over the years with the change from task-oriented nursing to patient-centred care. As a result, nurses tend to form much stronger bonds with individual patients/clients than they did before.

These stresses and pressures are hard to deal with without support. Attempting to deal with them on your own can lead to over-involvement, followed by emotional fatigue, withdrawal and even burn-out.

Clinical supervision is designed to assist you in dealing with these pressures. A clinical supervision session can provide the opportunity to explore these feelings in a safe environment, without fear of being judged for what you feel.

Your supervisor will have a good understanding of these feelings from the inside and will guide you through situations and help you to deal with your reactions.

Normative

No nurse is perfect. Inevitably you will have blind spots and areas where your practice may not be up to standard. Your supervisor will be able to help you to see where you may be able to develop further, and where you may not be as effective as you could be.

Formative

Helping you to identify this is part of your supervisor's role in ensuring that you are working to the highest professional standards.

It is important to remember that everyone will have some areas in their practice where they need to improve. This is normal; pointing it out does not imply that you are not a good nurse.

This is the educational aspect of clinical supervision, in which your supervisor helps you to explore aspects of your practice and consider different approaches to situations you have come across in your work.

This facet of clinical supervision can help you to form a better understanding of what a patient/client needs in a situation, and help you to deal with that need. It aims to help you mature as a nurse, develop your self-awareness and encourage you, by a process of reflection, to take control of your clinical practice for the benefit of your patients/clients.

Your supervisor can also help to guide your educational and career development so that you get the best out of your career as a nurse.

Functions of clinical supervision — key points

Clinical supervision has three functions

- Restorative — helping you to cope with emotional fatigue and stress
- Normative — enabling your clinical effectiveness
- Formative — encouraging lifelong learning and professional growth

Who benefits from clinical supervision?

Benefits for the nurse

Professional growth

Clinical supervision is designed to facilitate professional growth. It offers the chance to learn from experience and provides a source of new ideas and information. It can also help you to identify areas that you want to explore through training or some other form of further education. Because it is so flexible, and is led by you and your needs, clinical supervision can help you to meet the challenge of change.

Self-assurance

Clinical supervision allows staff, particularly those who have not been in nursing long, to confirm that they are doing the right thing without fear of ridicule. A good supervisor will acknowledge and praise when a nurse does well, and so build confidence.

Your supervisor will encourage you to make your own decisions, and take responsibility for them. As your confidence in your ability to take the right decisions and deal with situations grows, so will your self-assurance.

Broader thinking

Clinical supervision encourages you to look at what you are doing and why. It gives you the opportunity to change even long-established practice so that you can help your patients/clients more effectively. It broadens your thinking about the way you work.

Reduced stress

Nurses often feel that they are told quickly enough when their work isn't up to scratch, but nothing is said when they do things well.

The result is that they work in an atmosphere of fear of failure. They feel that they're probably doing OK if they haven't been pulled up for anything, but they're not sure. This atmosphere of uncertainty can be stressful, especially for nurses at the start of their career.

A good supervisor will be quick to confirm when you are doing the right thing, and quick to praise when you do things well. Clinical supervision provides the opportunity for nurses to feel that they have the respect of their colleagues, it helps them to feel that they are a valued member of a team.

Clinical supervision also provides the opportunity to 'let off steam' about work in a safe environment, with someone who understands the pressures of the job. Without this safety valve the pressures can build up until they are too much for you.

Acknowledging limits

Everybody has their limits, and there is only so much that any individual can do in a given situation. Some nurses expect too much from themselves. They feel they should be able to deal with everything that is thrown at them without difficulty. Over time this can lead to them becoming exhausted and burnt-out. A good supervisor will point out when a nurse is taking on too much.

Reduced emotional exhaustion

Nursing can be very wearing emotionally. You are in a position where you form intimate relationships with people who are in pain and distress. It is inevitable that some of that distress will rub off on you.

Clinical supervision provides the opportunity to deal with the strong feelings that nursing work arouses. It also helps you to get a sense of perspective on your work. Your supervisor can help you to set the right level of emotional engagement between you and your patients/clients. With regular clinical supervision you are less likely to take the emotional weight of the job home with you.

Improved patient/client relationships

Nurses who feel supported by clinical supervision are able to form better relationships with their patients/clients. They can deal with patients/clients in a more confident, focused manner. They have a better sense of patient/client needs and how to deal with them.

Improved staff relationships

Working in teams can be difficult, particularly when you are under a lot of pressure. Clinical supervision provides the opportunity to deal with the issues that arise in confidence. Your supervisor can help to point out some of the pitfalls of working in teams before you actually encounter them. In general, it can ease the process of working with other people.

Improved domestic relationships

At times, in a high-pressure job like nursing, it can be difficult to separate domestic relationships and problems from work issues. Everything gets muddled up and things can seem overwhelming. For example, worries about an illness in the family can get confused with work situations.

Benefits for the organisation

Although clinical supervision is not directly concerned with domestic matters, it can help you to set the right boundaries between work and home, making sure that you don't take the emotional consequences of your work home with you.

Improved relationships with management

Clinical supervision has beneficial effects on the way in which the whole organisation operates. It helps to build an atmosphere in which everyone feels that they are working together with the same aims. Nurses have a better understanding of what management's objectives are and relationships with management are improved.

Staff feel valued

By setting up clinical supervision, an organisation is demonstrating the value it places in its staff. It is treating them as valuable members of a team. Changes in the health service in the last few years mean that nurses are expected to show higher levels of personal responsibility. Clinical supervision helps them to assume this responsibility.

Lower levels of staff sickness

Clinical supervision is a means of providing staff support. Organisations that have introduced clinical supervision find that staff are happier, less stressed, and less likely to become ill.

Easier to recruit and keep good staff

Today's nurses are expected to take much more responsibility for their work than before. They have more autonomy, and the job is increasingly demanding in terms of technical skill and knowledge.

Organisations cannot afford to lose experienced, skilled nurses, and neither can the profession. The days when burn-out could be regarded as an unavoidable hazard of the job are over.

Clinical supervision is a way of supporting and encouraging good nurses, allowing them to grow in the job and develop professionally. Many experienced nurses now find clinical supervision so valuable that they want to know the level of clinical supervision support available before taking on a new job.

Better work culture

Clinical supervision contributes to an organisational culture which encourages learning, innovation and change. Recognition of the value of good nursing provides motivation for growth. Clinical supervision helps to provide a dynamic, challenging, stimulating work environment. It increases staff commitment and professionalism and helps nurses respond to change positively.

Meeting targets

Clinical supervision is useful as a way of achieving targets set in Individual Performance Review and in checking on progress towards those targets. It provides a way of pulling together organisational, team and practitioner objectives.

Safeguarding standards

Clinical supervision can help to develop individual accountability as in the UKCC Code of Professional Conduct (UKCC, 1992b) and The Scope of Professional Practice (UKCC, 1992a). It contributes to safeguarding and improving standards in clinical practice.

Benefits for patients/clients

Risk management

In the last decade the public has developed raised expectations of healthcare. One perceived consequence of this is that complaints made by the patient/client or a relative are more likely to end up in court.

By providing a check on the standard of clinical practice, clinical supervision reduces the number of complaints, and demonstrates the organisation's commitment to high quality of care.

Although clinical supervision is nurse-led, its primary aim is to improve patient/client care. At the end of the day nearly all the benefits discussed above for the nurse and the organisation will have some kind of positive effect for the patient/client. Without these benefits it would be impossible to justify clinical supervision in a hard-pressed health service.

Some of these benefits to patients/clients may be direct, others will be indirect.

Direct benefits

Clinical supervision helps you to look at your practice and think about the best way for you to meet your patient's needs. It encourages professional growth and this benefits patients/clients, as they are being cared for by more knowledgeable and skilled nurses.

Indirect benefits

More indirectly clinical supervision should, over time, affect the whole health service. It should result in a better standard of care delivered by nurses who feel they are valued members of a committed team. It should also result in lower levels of burn-out and sick leave among nurses.

What clinical supervision is not

It is not a management tool

Clinical supervision is nurse-led. It is not a management tool for assessing your performance or directing the way that you work. It is something that is offered to nurses, not imposed on them.

It is not a method of surveillance

In many ways the term clinical supervision is rather misleading. It is not supervision in the sense that most people understand it. It is not a check by the management on the speed with which you work, or an attempt to impose a particular way of working.

The supervision element within it consists of having a more experienced practitioner helping you to check that you are delivering care of the highest professional standard. *You* decide what to talk about and what to bring to the sessions. There's no question of anyone actually watching you work. It's supervision, not surveillance!

It is not a formal performance review

Clinical supervision is confidential. What goes on in the sessions will not (except in very unusual circumstances, see page 31 for more details) be disclosed to management. The records should not be kept with your employment file. Clinical supervision may be of help to you in reaching Individual Performance Review targets, but it plays no part in the formal assessment of whether you have met those, or any other, targets.

It is not a form of preceptorship

Preceptorship is designed to ease the transition from student to practitioner. It is a kind of probationary period which usually lasts around four months, subject to local arrangement and the individual's previous experience. Clinical supervision is for nurses of all grades and levels of experience throughout their careers.

It is not hierarchical

Your clinical supervisor will usually be in a higher grade post than you, but this is not always the case. Among senior nurses it is quite common for two nurses of equal status to take it in turns to supervise each other's work. A good supervisor will guide you, not tell you what to do.

It is not a criticism of you as a nurse or a person

You are not offered supervision because there is anything wrong with your work. Offering supervision is an indication of the value put on you and your work. Taking part confirms your commitment to your work and your professional development.

It is not a form of therapy

The support element of clinical supervision is designed solely to help nurses deal with the very particular stresses of their work. It is not a form of therapy – the discussion will be entirely about work. The supervisor won't deal with issues arising out of your private life. There is no implication, in taking clinical supervision, that you have something wrong with you, or that you can't cope.

Clinical supervision in action

2. Six months on for Dave

In his first year of practice, Dave, a staff nurse, received supervision from an expert clinical nurse who was also his manager. The focus of their sessions was on becoming more patient-centred in his work on an acute medical ward.

Six months on, Dave felt that his approach to work had undergone a 'transformation'. He recognised that previously his care had been physically focused and that he made assumptions about patients' perceptions. The process had helped him to become patient-focused, to pay attention to patients' perspectives, 'rather than just blundering in and doing what I felt was necessary'.

'I think the care I now give is more what the patient wants and my patients have a better understanding of why I am doing things!'

Dave says that clinical supervision has helped him to realise that in patient-centred nursing, the nurse starts from where the patient is and uses that as the foundation for the care plan:

'Patient-centred nursing strips us, as nurses, of our preconceived ideas. It's a way of focusing on the patient's needs before any of our own. The basis we are encouraged to start with here, is what is the patient feeling at the moment? why do they think they are here? and then building from that. Then you can build a patient-centred care plan, or assessment model around that!'

He believes that nurses should help patients to feel they have a 'major part' to play in their own care and decision-making. He recognises that by getting to know his patients, he is able to 'protect him/her from things he/she doesn't want'. He also feels that he is 'a more rounded nurse' and that he gained more satisfaction from his work than he had ever done before.

(Adapted from Titchen, in press)

Clinical supervision in practice

Types of clinical supervision

In terms of the number of people involved and the way in which they interact, clinical supervision can take several different forms. There are no hard-and-fast rules as to which of these forms is best. It will depend on the particular way clinical supervision is set up where you work, and on the people involved.

The main types of clinical supervision are:

- One-to-one supervision
- One-to-one peer supervision
- Group supervision with a named supervisor
- Peer group supervision
- Network supervision

One-to-one supervision

In this type of clinical supervision one supervisor provides supervision to one nurse. The supervisor may work in the same specialism as the nurse or may be from a different area of practice.

One-to-one supervision allows a relationship of trust to develop between the two people involved. There is time to pursue a line of thought or an area of practice in depth without fear of adverse comment or reaction from other nurses.

One-to-one supervision is dependent on the development of a mature, trusting relationship between the two people involved. On some occasions problems may arise in this relationship — if the two people involved don't get on, then the supervision relationship is going to be difficult.

One-to-one peer supervision

This is a type of one-to-one supervision in which two nurses of equal status take it in turns to supervise each other. As with other forms of peer supervision there is the danger that the personal support aspect will dominate.

This type of supervision is less appropriate for inexperienced nurses who will be denied the opportunity of learning from a more experienced nurse's knowledge and skills.

On the other hand, some nurses feel that peer supervision allows them to be more open, as there is no authority figure for them to deal with. Others feel that it encourages them to discover solutions for problems themselves, and that, in the long run, this makes them more confident in their abilities as nurses.

Group supervision with a named supervisor

In this type of clinical supervision one supervisor provides supervision for a small group of nurses. Usually nurses take it in turns to present an incident to the group, which will then be discussed. Sometimes the group may agree on a topic for a discussion that they will all take part in.

This kind of supervision has advantages in that it allows you to see your work from a variety of perspectives. You can also learn a lot from hearing other people talk about their experiences, and this can mean that you are prepared for a situation before you come across it yourself.

It has the disadvantage that you may have less time to discuss any individual problem in detail, and some people find that they are less willing to open up about their feelings, or about situations that have not gone well, when they have to do so in front of a group.

Peer group supervision

With this kind of supervision, nurses of equal status supervise each other's practice in a group. However, there can be a danger of the sessions becoming too informal. It may offer support to the members of the group, but it is easy for the educational and reflective parts of the supervision to be neglected.

Its advantages are that it allows you to see your work from a number of perspectives and to learn from other people's experiences. In addition, some nurses feel that they are able to be more open if there is no one in charge.

The fact that there are three or more of you involved means that there is less time to discuss any individual problem in detail. The sessions usually last longer than those in one-to-one supervision to try to compensate for this.

In network supervision a group of nurses of similar interests and areas of expertise receive supervision from others working in similar areas at another organisation. This kind of supervision is not always face-to-face, it may take place on the phone.

Which type is best for you?

You will usually be able to decide for yourself which kind of supervision you want to have – although you may have to compromise about your choice. Most newly-registered nurses choose one-to-one supervision where it is available. Senior nurses often have to have group supervision because there are not enough supervisors available for one-to-one supervision.

When deciding which type of supervision to have you should also consider who your supervisor will be. This is particularly important with one-to-one supervision. A good supervisor can really help you, while one not suited to you can make supervision a difficult experience.

Setting the ground rules

Before you start you will need to meet your supervisor to set the ground rules (or contract) which will apply to you both throughout your relationship. This is a very important part of the supervision process. If the ground rules are not set out clearly at this stage, it can lead to problems later on.

Ground rules will cover the nature of the supervisory relationship: where and when you meet, issues of confidentiality, what the record of the supervision sessions will consist of and who is to keep it.

They will also cover what the content of the sessions will be; what will be discussed and what will *not* be discussed. Supervision discussions will almost always be to do with issues arising from work.

The process of setting ground rules will usually end with you filling out a supervision agreement so that there can be no misunderstandings at a later date about what was agreed. There is sample agreement on page 56.

Remember that this agreement is not a legal document, it does not have to be written in elaborate language. It is just a note of what you and your supervisor have agreed will take place in the sessions. It is individual to the two of you, and it is not meant to be seen by anyone else.

Commitment

One of the most important aspects of the process of setting ground rules is that you understand that you are both making a commitment to the process. Once clinical supervision time has been set aside it should be sacred. It is not something that you can skip from time-to-time because you don't feel like it on the day.

You will need to be sure that you give the process your undivided attention during the session. If your mind is elsewhere you will be wasting your supervisor's time as well as your own. Bear in mind that you will also need to prepare for the sessions, and that this could involve keeping a reflective journal (see page 33).

Confidentiality

- Confidentiality is vital if you are to be able to talk freely. You have to be confident that whatever you say in the sessions will go no further. You don't want to feel that something you tell your supervisor will become known elsewhere.
- Confidentiality is a two-way issue. If a supervisee raises the subject of another member of staff during a session, the supervisor needs to feel that anything they say is in complete confidence.
- Confidentiality may be broken if you reveal details of unsafe or unethical activity, or if you reveal something illegal (see page 31 for more details).
- If your employment contract specifies that you should receive clinical supervision, your supervisor may be obliged to inform your line manager if you fail to attend or do not use supervision time properly.

Keeping records

One of the most important points that has to be discussed before clinical supervision can be started is the keeping of records. Questions that you need to think about and discuss include:

- What should the records consist of?
- Where are the records to be kept?
- Who has access to the records?
- Who owns the records?

Why keep records?

It is important to have an accurate record of the points raised and discussed in each clinical supervision session for a number of reasons:

- The record will provide a prompt to help you put the lessons learned from the session into practice.
- Having records of each session also allows you to get an overview of the way your practice is developing. You can look back at previous examples of a topic or situation and compare it with the present example.
- The process of agreeing a common record of the session with your supervisor can help to crystallise what you learnt in the session.

What should the record consist of?

The record need not be very long. It is supposed to act as a prompt to help you to remember the main points of a session. You should not attempt to record everything that is said. You should include the main issues covered and any action to be taken concerning those issues. If any issues need to be carried over into the next session they should be noted. There is an example of a typical record sheet on page 55.

The record should be filled in at the end of each session. Usually this will be done by your supervisor, but it is important that everybody involved is happy with it as a record of the session. If you don't agree with what is being written down you should say so at the time — it may not be possible to change a record at a later date.

You may wish to keep personal records for your own purposes. These notes can be useful in compiling the agreed joint record and they can help reinforce what has been learnt during the session. However, they should not be seen as a substitute for the formal joint record.

Who owns the records?

The UKCC (1992b) advises that if an employer includes in the contract of employment a requirement that the employee undertakes clinical supervision, then the joint record will be the property of the employer. If the employer merely encourages the employee to participate in clinical supervision then the joint records are probably the property of the employee.

The joint record will usually only be seen by those involved in the session. It may be shown to another person with the agreement of the participants. For reasons of confidentiality any person discussed during the session should not have his or her full name appear in the record. The record should not normally be kept with the nurse's employment file.

What is the legal position?

If you discuss personal matters in the session you may decide that you do not want this put on the record. Ask your supervisor to leave it out, or just record it under a general heading, for example that there was a 'discussion of a staff relationship'.

Nurses should always bear in mind that there are rare circumstances where they may have to disclose the records of a session in a court of law. In some circumstances they might also be used in disciplinary proceedings. This is one reason why it is very important that you are happy with what is written in the record, and that if you are not, you say something at the time.

Civil courts

In a civil court there is a duty to disclose the contents of records, whoever owns them, if they are relevant to the case. Where the case involves a claim by a patient/client, the patient/client has waived the right to confidentiality in bringing the action.

Disciplinary proceedings

The position in a disciplinary proceeding will depend upon who owns the record. If an employer owns them they can be used in disciplinary proceedings. If the nurse owns them, he or she can keep the records confidential if he or she so wishes. Details of a patient's care can be given without consent provided that the identity of the patient/client is not disclosed.

Criminal courts and industrial tribunals

In a criminal court and in an industrial tribunal the records of clinical supervision sessions can be subpoenaed for use in the case if they are considered to be relevant.

Reflective practice

Reflective practice is an approach in which you look at events from your practice and analyse them. It involves thinking about your work in a particular structured way – sometimes with the help of a reflective journal, log, or diary. If you are to get the best out of clinical supervision you will need to develop your reflective skills.

Initially many nurses feel that they won't have time for reflection. However, you should consider that any time you spend on reflection can pay for itself many times over in the long run. Reflection may help you work efficiently and effectively and this more than makes up for the time involved.

Reflective practice requires a conscious effort on your part, it is not something you do automatically. It is not a fancy name for the normal process of thinking about your work. It is a particular way of thinking about situations, analysing them and learning from them. You then test out what you have learnt by building it into your practice.

Taking a reflective look

You can develop your reflective skills by thinking about a significant work-event and asking yourself some or all of the following questions:

- What were you trying to do in the situation?
- Why did you do what you did?
- How did you feel about it at the time?
- What were the patient's feeling at the time?
- How do you know what the patient's feelings were?
- How else might you have dealt with situation?
- Can you think of a better way of dealing with the situation than the one you used?

Keeping a journal

- Having thought about the situation, what, if anything, do you think that you learnt from it?
- What are your feelings about the situation now? Compare your feelings now with your feelings at the time.

Looking ahead

The process of reflection should not just involve things that have already happened. It is important that you also anticipate situations and consider how you might deal with them. By doing this you can prepare for events before they happen.

Keeping a journal is a useful part of reflective practice. A journal can help you to get perspective on events.

Many nurses find the process of writing a journal hard at first. It is difficult to decide what to record and in how much detail. It is easy to start out by making the mistake of writing too much description. The idea is to set down events in outline – you don't need to provide a great deal of detail. The majority of the writing should consist of your thoughts and feelings *about* events, rather than details of the events themselves.

Although keeping a journal may seem awkward at first, with time the process becomes much easier and you start to get a strong sense of the value of the journal in your work.

The act of writing is one of setting your thoughts down on paper. This process itself will help you to take a step back from a situation and so allow you to think about it more clearly. Most nurses find that writing helps them separate what actually happened from their feelings about it. You may be surprised when you start keeping a journal how much your feelings affect your perception of what happens.

Writing things down also means you can go back at a later time and read what happened. If you don't write things down, events can be lost or distorted by your memory.

The busy nature of most nursing work means that it is often hard to resolve your thoughts about an event or situation before it is time to move on to another task. At the end of a shift your head can be buzzing with unresolved thoughts and feelings. Putting these down on paper, as soon as you can, allows you to resolve them and move on.

Qualities for successful reflective practice

- Self-awareness: you need to be able to look honestly at your own feelings.
- Critical awareness: the ability to look clearly and analytically at situations and your actions.
- Self-evaluation: the ability to assess your own actions and modify them if necessary.

Don't be negative!

When reflecting on your practice it seems 'natural' in some way to focus on mistakes or situations where things went wrong. This is often the entry-point for nurses in reflective practice.

However, it is important that you also remember to reflect on situations where things went well, where you feel you did really good work. You need to analyse those situations as well and try to work out how you can raise more of your work to that standard.

Making the most of clinical supervision

Be prepared

Most nurses come to feel that clinical supervision time is a valuable part of their working routine. If you want to make the best use of this time you need to pay some attention to what happens before, during and after the clinical supervision session.

Clinical supervision is supervisee-led, in other words, you decide what you talk about, not your supervisor, or your manager. Preparation is important because it allows you to make sure that you get what you want from the session. You can make sure that you address the issues *you* wish to deal with and which are important to *you*.

However, do bear in mind that clinical supervision should be about professional rather than personal issues.

The process of preparation can be helpful in itself. It is an opportunity to sort out your thoughts about your work. It can help to clarify your thinking about all kinds of work events, even the ones you don't discuss in the session. Without this kind of thought, work can seem an endless stream of events that you deal with as best you can before moving on to something else.

Keeping a reflective journal (see page 33) can be very helpful in this preparation process. By looking through your journal you can see whether there are any incidents or points that stand out that you wish to discuss. You can make a note of these points.

It is not always the obviously important incidents that are the most productive to deal with during clinical supervision. Don't be afraid to bring along something that seems trivial if it feels important to you. Sometimes these apparently trivial incidents can lead to important insights into your practice.

During the session

Asking yourself the right questions

In addition to looking in your journal, asking yourself a few questions about your work can be a great help in getting the best out of clinical supervision. Take a few moments to consider the following questions and jot down your answers.

- Which situations do you think you dealt with well?
- Which did not go so well?
- Were there any situations in which you did not know what to do?
- Is there any patient/client relationship which is causing you concern?
- Is there any staff relationship which is causing you concern?

To get the best out of a clinical supervision session you need to pay attention to what you say, and to what is said to you. Clinical supervision gives you the opportunity to take control of your practice and make changes that can benefit you and your patients/clients. You must be prepared to examine your work-beliefs and attitudes in depth. It is not an easy process, it can be hard work, but the results make it worthwhile.

Talking

When you are talking about a situation don't describe it in long and minute detail. In most cases your supervisor will be familiar with the kind of thing you're describing and be able to fill in the details for him or herself. If not, your supervisor can always ask you. Try to be specific and to the point, this will give you time to go through the issues properly.

Try to introduce positive as well as negative topics. You can learn as much, if not more, from analysing a situation that went well as you can from discussing one that didn't.

Feedback

It's surprisingly easy for people to misunderstand each other in subtle (and not so subtle!) ways when involved in clinical supervision. This is why reflecting what is said to you back to your supervisor. is an important part of the clinical supervision process.

It is a skill which allows you to make sure you have understood what is said to you, and make sure that you are not distorting it in some way. It allows you to clarify any misunderstandings and is helpful in coming to a common point of view on a topic or incident.

The trick is to summarise or paraphrase what is said to you and then reflect it back using a phrase like:

- So what I think you're telling me is . . .

or

- As I understand it, what you're saying is . . .

You will probably notice that your supervisor uses similar phrases to summarise and reflect back what you have said to him or her.

Listening

One of the key listening skills for the clinical supervisee is knowing how to deal with constructive criticism. Many people find this difficult to deal with, and will react strongly without taking the time to listen properly to what is actually said.

Try to listen carefully, even if it is sometimes uncomfortable for you to do so. Take the time to think through the situation in the light of what is said. Don't automatically agree or disagree. The skill is to recognise when it is appropriate to be assertive, and when it is appropriate to reflect over time on what you have heard. You can find more on dealing with criticism on page 42.

Remember the supervisor is only human, and not everything he or she says may be correct. You are still responsible for your own practice. If you act on bad advice from a supervisor and things go wrong, you are the one who will have to deal with the consequences. You have to make your own judgements.

Developing trust

It usually takes time to build trust in your supervisor. This is quite normal – we don't usually trust someone until we feel we know the person quite well. In the early stages of the relationship you may want to protect yourself by holding things back. There may be things that you don't want to discuss until you feel safe with your supervisor. If your supervisor is your line manager you could continue to feel that there are some issues you do not want to bring to supervision.

It is quite common to feel initially that your difficulties are failings that reflect on you personally, rather than problems that you can overcome. When you come to develop a relationship of trust with your supervisor you can start to let go of these feelings and discuss incidents freely without having the sense that you, personally, are being judged.

After the session

Everybody makes mistakes from time to time, or does things in a way that is less than ideal. Judging yourself too harshly can mean that you block out what happened, rather than examining it and learning from it.

After the session it can be useful to think about what you got from it and how relevant it was for your practice. Use these thoughts to feed back into the preparation you do for the next session. You may feel that you want to explore a particular subject in more depth in another session.

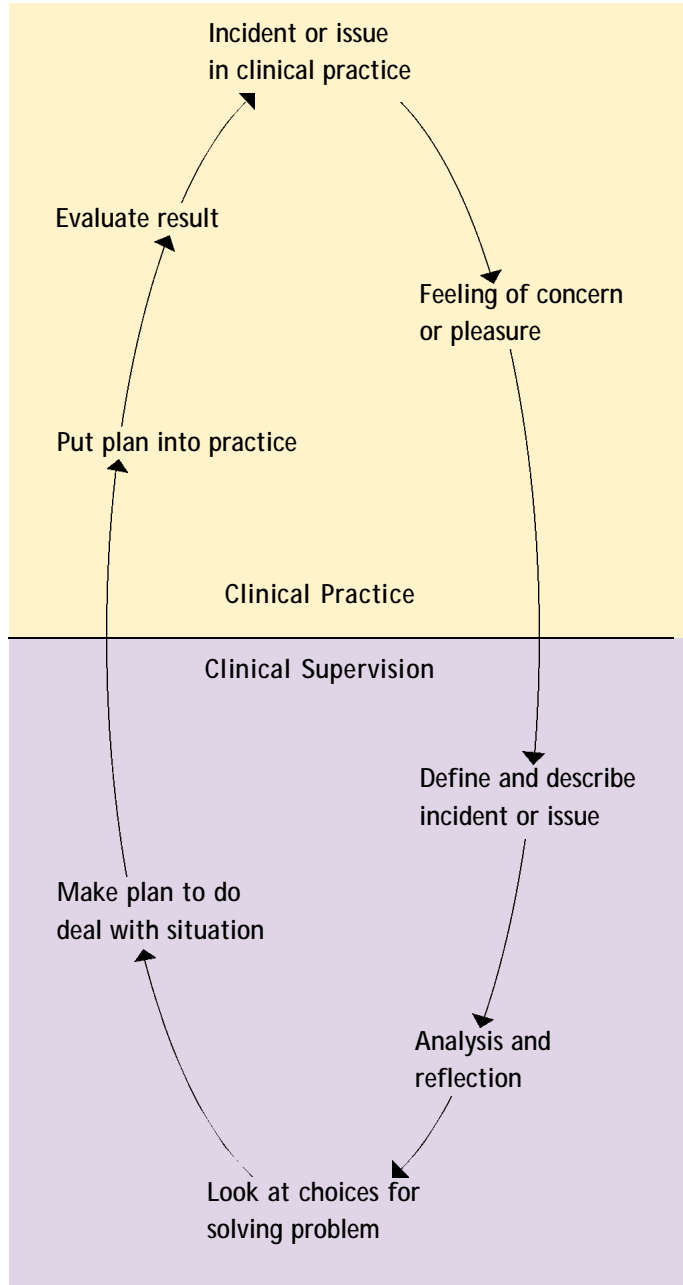
Try to find the time to think about how you can build the useful material that emerges into your practice. Any insights you get in the sessions will come to nothing if you don't use them.

Occasionally you may find that something that was said, that you felt was reasonable at the time, later stirs up strong feelings. This sort of a delayed reaction is quite common. It can be useful to discuss these feelings and their cause at the next session. If you keep them to yourself your supervisor has no way of knowing how you felt. Keeping them to yourself can lead to a build-up of resentment which will cause problems in later sessions.

Making the most of clinical supervision — key points

- Take the time to prepare properly for your clinical supervision session
- Reflect what is said to you back to your supervisor
- Listen carefully to what is said
- Try to build what you have learned into your practice

Analysing an incident in clinical supervision



Clinical supervision in action

3. The supervisor's perspective

The following story from Titchen's in-press study shows how one supervisor helped a nurse to deal with constructive criticism constructively.

'When people are trying something new, if you knock them down early, it is hard to pick them up.

'People are so fragile and sensitivity is important. They are very tentative, trying so hard and they need accurate feedback, in the sense that it is important to show them where they need to develop or improve. It needs to be done quite gently, so they are not just squashed. And if they feel that they have got half way there themselves, that just makes the rest of the criticism much more tolerable.

'I asked Harriet (a first year staff nurse) how long Daisy had been in and when she said a week, I asked her if she knew whether the District Nurse had been involved. She said, "Yeah, I think she has" and I asked if she had spoken to her and she said, "No". And then she said, "Well, I suppose I could have done; it would have helped".

'I was just trying to help Harriet realise that discharge planning really must start at admission and you have to find these things out and get as much information as you can at an early stage. I was trying to get her to look, critically, at how proactive she had been in her discharge planning and she identified a bit of a weakness.'

(Adapted from Titchen, in press)

Dealing with criticism

Although clinical supervision is intended to support you, by its nature this support must include some constructive criticism from time to time. Many nurses find this difficult to deal with at first. This isn't something that's unique to nurses of course – nearly everybody feels uncomfortable with comments about the way they work!

It is all too easy to over-react to well-meant criticism, particularly if in the past you have been subject to unkind or unfair criticism. However, if you are to make a success of clinical supervision you do need to be able to deal with constructive criticism – it is an important way in which you can learn and grow.

If you react defensively to criticism you block yourself from learning. You are so busy defending yourself that you can't take in what's being said and give it proper thought.

- Criticism often produces an immediate defensive response. Try and make yourself take a little time to consider what's being said. If you feel uncomfortable don't reply right away – tell your supervisor you need time to think about what has been said.
- If you think criticism is valid say so – try not to hedge your bets or justify yourself. Acknowledging valid criticism speeds the learning process.
- If you think the criticism is wrong, say so. Don't overstate your case, keep it simple.
- Most criticism will probably come into the category of being partly true. Here, the trick is to separate what you agree with from what you don't and state your position clearly. Ask your supervisor to explain why he or she has made the comments.

**Getting it wrong
— 3 poor
responses to
criticism**

In some cases this initial response may be the end of the matter. On other occasions there may need to be more discussion. When you are discussing criticism it is important that you try to keep the right balance in your responses. You need to sort out the truth of what is being said while keeping your self-respect. Essentially, it is a matter of sticking with what you think is right without becoming aggressive or defensive. You will often find this balanced response described as *assertive*.

Aggressive

Common aggressive responses to criticism include:

- Blocking what's being said by accusing your critic of having worse faults than you.
- Interrupting.
- Not listening.
- Getting angry.

Submissive

It is possible to be *too* ready to absorb criticism — you have to discriminate and decide which criticisms you agree with and which you don't. Typical submissive responses include: being over-apologetic, letting people get away uncorrected with unfair criticism, absorbing all criticism whether valid or not, and saying you agree with a criticism when you don't.

Manipulative

Another possible response is to try to side-step or side-track what is being said by being emotionally or intellectually manipulative. Common manipulative responses include: trying to make the supervisor feel sorry for you, talking about *how* you were spoken to, rather than *what* was said, and raising red herrings.

What to do if things go wrong

Although clinical supervision is confidential, it is the duty of a supervisor to uphold the Code of Professional Conduct (UKCC, 1992b) and Guidelines for Professional Practice (UKCC, 1996a). If you disclose details in supervision of an incident in which you broke the guidelines or your employment contract the confidentiality of clinical supervision cannot be maintained. The incident involved will have to be reported to your line manager.

It is possible that you may not be aware that you have broken the rules when you are discussing an incident. Once it is pointed out to you that you have, it is important that you deal with things in the right way. Breaking the rules need not be the end of the world — you need to take positive action.

Usually you will have the option of taking the incident to management yourself. This is the best course to take, and it's important that you give a full and accurate account of the incident as soon as possible. You may want to take your supervisor with you.

If you delay in dealing with the situation, you will be putting your supervisor in a difficult position. Although he or she has an obligation to you, the obligation to professional and statutory codes and guidelines and employment contracts must come first.

If disciplinary action is taken, then depending on whether an obligation to receive supervision is included in your contract, records of clinical supervision sessions may have to be disclosed.

Who are the supervisors?

Supervisors are nurses who have been trained to give supervision. They will usually have volunteered for the job. They will have had supervision themselves and relevant previous experience in an appropriate nursing environment.

How are they chosen?

Supervisors are chosen for training because they have shown that they have certain attributes. These will usually include:

- Valuing and believing in clinical supervision.
- Having a strong interest in nursing development.
- Being a proficient practitioner with a good level of knowledge, skills and experience.
- Being able to make supportive trusting relationships with colleagues.
- Being good at managing their time.

What about training?

Most supervisors will have had some form of training before they are allowed to undertake supervision. Training is necessary because there are definite skills involved in being a supervisor. No amount of enthusiasm, information or personal charm will allow them to do a good job without these skills. Among these, enabling skills are probably the most important.

Enabling skills

After training a supervisor should:

- Have a good grasp of different enabling techniques, and be able to select the right ones for a particular situation.
- Be able to keep a clinical supervision session flowing smoothly.
- Be good at summing up accurately what has been said and feeding this back to the supervisee.
- Be aware, if working in a group, of the need to involve everybody and encourage quiet members to contribute.

What makes a good supervisor?

- Be aware of their own values and beliefs, and so be able to avoid imposing these on other people.
- Encourage exploration of a topic, rather than providing the answer.

Besides being experienced, motivated and properly trained a good supervisor needs to be:

Generous

Supervisors need to be generous with their time and attention. They need to understand the importance of the supervision process, that it should take precedence over any other demands on their time (except emergencies). They have to be able to *give* to the supervisee, both emotionally and intellectually.

Self-aware

They need to be able to recognise their own failings, blind spots and prejudices. If they are not self-aware there is a danger that they will allow their views or feelings to get in the way of the supervision process.

Sensitive

Supervisors need to be sensitive to the way in which nurses are bound, by the nature of their work, to fail from time to time, in helping their patient's problems to improve. They need to help the supervisee to look at the sense of failure this can lead to in a realistic way.

Trustworthy

It is important that the nurse being supervised should trust the supervisor. Supervision should be a safe place in which issues can be explored freely.

Thought-provoking

A good supervisor should provoke thought by bringing in theory and research-based approaches to situations.

Uncompromising

If nurses are to achieve the highest level of care possible for patients/clients there can be no compromise over standards. One of the important tasks of a supervisor is to pass this uncompromising view of clinical practice on to their supervisee.

Rewarding

Supervisors need to recognise and reward ability — not just point out faults and errors. They need to be quick to praise — without this the supervision experience can seem very negative.

Practical

Above all, nursing is a practical profession. The test of practice is in the doing. A good supervisor will always keep the practical in mind and not allow discussions to become too vague, theoretical or woolly. For this reason it is important that the supervisor has strong personal contact with clinical practice.

Up-to-date

A good supervisor must keep up-to-date in his or her understanding of procedures, guidelines and protocols. These have to form the background for any advice given.

Who supervises the supervisors?

Being a supervisor is a highly skilled and demanding task, so it is not surprising that supervisors are themselves subject to supervision. The aim of this supervision is to:

- Provide support.
- Make sure that they continue to develop their skills as a supervisor.
- Check on the quality of supervision they are providing.
- Take care of the interest of the supervisee.

Supervision for supervisors is usually one-to-one, although this may change as clinical supervision is more widely adopted.

What do nurses think makes a good supervisor?

It is generally agreed, among nurses with experience of clinical supervision, that there are certain qualities that go to make up a good supervisor.

According to nurses, a good supervisor is:

- Approachable.
- Reliable.
- Capable of forming relaxed and supportive relationships.
- Aware of the pressures and demands of the job.
- Aware of the nurse's present level of experience and knowledge.
- A good listener.
- Good at explaining ideas and information.
- Comments and points up good practice.
- Has relevant knowledge and skills.

(Fowler, 1995)

You might like to consider this list when choosing a supervisor for yourself.

Supervision by line manager

Sometimes, particularly in small organisations, you may find that the line manager provides clinical supervision. This can have some advantages, but there are also potential problems, which you may want to think about before you start supervision.

Benefits

- Supervision by a manager develops the relationship between nurse and manager. This can have advantages for both people, and for the organisation.
- Since supervision is a dialogue it allows management thinking to benefit from nurses' experience at the sharp end. The nurse, too, may benefit from seeing things from the management perspective.
- Supervision by the line manager can strengthen and improve teamwork.

Risks

- The nature of the relationship outside of supervision makes it more difficult to build and maintain trust than in other forms of supervision.
- There are potential problems to do with confidentiality. You may feel that your supervisor will be tempted to take action in the role of line manager if you discuss difficult behaviour by another member of staff.
- There may be conflicts of interest for the supervisor, he or she may find it difficult to stick to the role of supervisor. Clinical supervision should be nurse-led, but the line manager may feel tempted to impose a management agenda.
- There is greater than normal risk of supervision being misused.

Eight questions nurses often ask about clinical supervision

Do I have to have clinical supervision?

No, usually you are free to choose whether you have clinical supervision or not. The UKCC endorses clinical supervision, but it is not mandatory. In some cases, though, your employer may make the requirement that you have clinical supervision as part of your contract of employment.

Who owns the records of the sessions?

The records of clinical supervision sessions are confidential, although there are exceptional circumstances in which they may have to be disclosed. Usually, you will own the records of the clinical supervision sessions in which you take part. The exception is that if clinical supervision is required in your contract of employment your employer will own the records. See page 30 for more details.

Is it just for junior nurses?

No, clinical supervision is for nurses of all grades and levels of experience. It is something you are likely to be involved with throughout your career.

Can I choose my own supervisor?

Ideally, you should be able to choose your supervisor. However, in some cases your employment contract will stipulate that you receive supervision from a particular person. There may also be circumstances in which the person you want to supervise you will not be able to do so because of other commitments.

Can I choose between one-to-one and group supervision?

You should be able to choose which type of supervision to have, but you will have to take into account what is available in your particular organisation, and what your colleagues want.

Can I decide how often I have clinical supervision?

In one-to-one supervision you can usually decide with your supervisor how often you meet. Obviously if you are having group supervision it will be a matter for the group. Once you have agreed how often to meet you will have to stick to the arrangement.

How can I find the time?

Clinical supervision takes place during your work time. It is designed to make you a better and more effective nurse, and so most managers consider time taken for clinical supervision to be well spent. You will need to prepare for the clinical supervision sessions to get the best out of them, and to keep a reflective journal. The preparation and the journal writing will have to be done in your own time.

How did nurses manage without it?

More is asked of nurses today than in the past. They are expected to take a higher level of personal responsibility for the care of their patients/clients and have to deal with a greater rate of organisational and technological change. Nurses are also expected to be lifelong learners. Even without these demands, many nurses in the past were not able to cope and were lost to the profession as a result.

Clinical supervision in action

4. How practice can be reflected in diaries

Barbara's diary:

'On Saturday I was on a late. At about 5pm, I suddenly realised that I was working the shift in a way I'd not done before.

'Instead of rushing around doing all the outstanding things which needed doing, such as taking out a venflon, organising transport, etc etc, I was actually going around my patients giving them all the nursing care I could.

'I suppose I'd moved on from organising my work around tasks that needed doing and was actually organising my time around the patients and therefore doing those tasks which I had to do, but also nursing the person at the same time — incorporating the tasks into my care.

'And so, I did walk Elizabeth down the ward and back again instead of just giving her tablets. I don't know why I suddenly started working in this way — perhaps because I've found the confidence to stop rushing around trying to do the things I have to do and found that I could slow down and give the care I should be giving.'

Barbara's experience of writing the above in her diary shocked her into realising that her care had been previously task-oriented.

'Despite being saturated with the patient-centred approach to nursing care and despite finding task-oriented nursing an anathema, I hadn't realised that I was actually working in a task-oriented style! I'm incredibly surprised — not to say somewhat horrified — that I have been working from such a bad basis of practice! In theory, I totally reject task-centred care and yet I suddenly realise that my practice has been task-centred, although so well camouflaged that I hadn't even realised!'
(Adapted from Titchen, in press)

How do we know it works?

Reduced emotional exhaustion and sickness

Of course, all the theoretical benefits of clinical supervision would mean nothing if we could not show that it actually worked in real life. There have been a number of studies of the benefits of clinical supervision which demonstrate that it does produce results, and there are more studies in the pipeline.

Research, using tests designed to measure emotional exhaustion, compared nurses who didn't receive supervision over an eighteen-month period with those who did. The nurses who didn't receive supervision showed a significant increase in emotional exhaustion. Those who did receive supervision didn't show this increase (*Butterworth et al, 1997*).

In another study, four out of five wards that had introduced clinical supervision showed a significant decrease in the level of sickness absence. Two wards that did not have clinical supervision showed a significant *increase* in sickness absence in the same period (*Dunn & Bishop, 1998*)

Changes reported by nurses

Nurses were asked what changes they noticed in their work after receiving clinical supervision. Changes reported included:

- They felt more confident and positive about their work.
- They were less likely to blame themselves when things went wrong.
- They were less likely to keep dredging over events.
- Two thirds of them reported changes that they had made in their practice that benefited patients/clients.

(*Dunn & Bishop, 1998*)

What do nurses say about clinical supervision?

'I think it's brilliant — it's helped me to grow.'
(*Dunn & Bishop, 1998*)

'I suppose what we were crying out for was clinical supervision — but we didn't know it then.' (*Dunn & Bishop, 1998*)

'I felt I could get away from my ward and talk to someone in confidence. — someone who understands my work.'
(*Dunn & Bishop, 1998*)

'I feel I can now discuss some worrying aspect of nursing, explore it and then let it go.' (*Dunn & Bishop, 1998*)

'I'm more confident now, I feel I'm doing a good job, doing it well, and can reflect on what I'm doing.' (*Dunn, & Bishop, 1998*)

'I would say it's definitely improved the quality of my work. We all have some knowledge, but by using someone who's got more expertise than yourself, you can build on what you know.'
(*Kohner, 1994*)

'I think I have certainly changed and progressed an awful lot since I've been here and I don't think I could have done that without supervision. It identifies the areas that I need to work on, the skills I've got and the skills I need to develop, the knowledge that I need to develop. It gives me the encouragement and support to really go for things.'
(*Kohner, 1994*)

'In our group supervision two weeks ago we were looking at stress and how we weren't supporting each other. The next week there was an obvious improvement in support, and the theme of that group meeting was acknowledgement. It was a way of saying 'Well done, we're getting there.' (*Kohner, 1994*)

Appendix 1

Supervision Record Form

Date _____ Time _____

Session number _____

Name of supervisor _____

Name of supervisee/group members _____

Summary

Issues covered _____

Action _____

Issues to follow up at next session _____

Date and time of next session _____

Appendix 2

Supervision agreement

Method (e.g. one-to-one, group etc) _____

Subjects to be discussed (e.g. recent practice, current problems)

Other issues to be discussed _____

Aims of supervision _____

Responsibilities of supervisor _____

Responsibilities of supervisee _____

Collective responsibilities _____

Confidentiality (what is to remain confidential,
what can be discussed elsewhere) _____

Circumstances in which matters can be taken out of supervision

Where to meet _____

How often to meet _____

Length of sessions _____

Record-keeping arrangement (how, by whom, who has access)

Agreement to be bound by UKCC Code of Professional Conduct

Circumstances in which supervisee may change supervisor

Circumstances in which supervisor may discontinue

Ground rules agreed

Supervisor's signature and date _____

Supervisee's signature and date _____

Appendix 3

Reflective practice record

The event

Describe what happened, including any background factors.

Reflection

What were you trying to achieve? _____

Why did you take the actions you did? _____

What was the effect on the patient/client, family and colleagues?

What were your feelings at the time? _____

What was the patient/client feeling at the time? _____

How do you know what his or her feelings were? _____

What factors influenced your decision? _____

What knowledge influenced your decision? _____

Alternative actions

Can you think of other things you might have done in the same circumstances? _____

On reflection, was there a better strategy you might have adopted? _____

What would the consequence of this strategy have been?

What can be learned?

What did you learn from the experience? _____

Do you need new skills or more information in order to deal with this kind of situation in the future? _____

Where could the skills/information come from? _____

How do you feel about the experience now? _____

References and further reading

References

- Butterworth, T. Carson, J. White, E. Peacock, J. Clements, A. & Bishop, V. (1997) *It Is Good to Talk. An Evaluation of Clinical Supervision and Mentorship in England and Scotland*. Manchester: School of Nursing University of Manchester
- Butterworth, A.C. and Faugier, J. (eds) (1992) *Clinical Supervision and Mentorship in Nursing*. London: Chapman and Hall
- Department of Health (1993) *Vision for the Future*. London: HMSO
- Department of Health (1994a) *The Allitt Inquiry. (Clothier Report)* London: HMSO
- Department of Health (1994b) *Clinical supervision for the nursing and health visiting professions*. CNO letter London: HMSO
- Dunn, C. & Bishop, V. (1998) *Clinical supervision: Its implementation in one acute sector trust*. London: NT research/Macmillan
- Faugier, J. and Butterworth, T. (1994) *Clinical Supervision: A Position Paper*. Manchester: Manchester University
- Fowler, J. (1995) *Nurse's perceptions of the elements of good supervision*. Nursing Times May 31, Volume 91, No 22
- Kohner, N. (1994) *Clinical Supervision in Practice*. London: King's Fund Centre
- Louden, C. (ed) (1998) *Guidelines for Clinical Supervision at UCL Hospitals*. London: University College London Hospitals
- Proctor, B. (1992) *Supervision in the Helping Professions*. Milton Keynes: OUP
- Titchen, A. (1998) *Professional Craft Knowledge in Patient Centred Nursing and the Facilitation of its Development*. Doctoral thesis, University of Oxford (published later this year by Ashdale Press)
- UKCC (1992a) *The Scope of Professional Practice* London: UKCC
- UKCC (1992b) *Code of Professional Conduct*. London: UKCC
- UKCC (1996a) *Guidelines for Professional Practice*. London: UKCC
- UKCC (1996b) *Position statement on clinical supervision for nursing and health visiting*. London: UKCC

Further reading

Wright, H. (1989) *Groupwork: Perspectives and Practice*. London: Scutari Press

Bishop, V. (ed) (1998) *Clinical supervision in practice*. London: Macmillan/NT research

Faugier, G. and Butterworth, T. (1994) *Clinical supervision: A position paper*. Manchester: School of Nursing Studies University of Manchester

UKCC (1996) *Position statement on clinical supervision for nursing and health visiting*. London: UKCC

Bond, M. and Holland, S. (1998) *Skills of clinical supervision for nurses*. London: Open University Press

There is an RCN Nursing Update video and workbook on this topic: *Caring Together: Clinical Supervision* (Unit 077) which can be borrowed from your regional RCN office. The workbook was published with Nursing Standard, issue: February 18, 1998, Volume 12, No. 22.

Sources

This book was written from a wide variety of sources including:

Bishop, V. (1994) *Clinical Supervision for an accountable profession*. London: Nursing Times Volume 91, No 26, p33

Butterworth, T. and Faugier, J. (1992) *Clinical Supervision and Mentorship in Nursing*. London: Chapman and Hall

Kohner, N. (1994) *Clinical Supervision in Practice*. London: King's Fund Centre

Swain, G. (1995) *Clinical Supervision the principles and process*. London: The Health Visitors Association

UKCC (1996a) *Guidelines for Professional Practice*. London: UKCC

UKCC (1996b) *Position Statement on Clinical Supervision for Nursing and Health Visiting*. London: UKCC

