

# **Clinical Supervision Guidelines for Registered Nurses**

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### **Working Group:-**

Adrienne Mc Glory  
Carol Heath

Maggie Johnson  
Mary O'Neill

Cindy Freeman  
Andrew Cooper

Developed in partnership with Bebington and West Wirral PCT

## **Introduction**

Clinical supervision is the term used to describe a formal process of professional support which should be seen as a means of encouraging self-assessment, analytical and reflective skills.

Participation in clinical supervision process across the PCT is a specific objective within the PCT's 'Nursing and Allied Health Professional Strategy'. This was based on wide professional consultation and has been approved by the PCT Board.

The minimum standard across the PCT expected of registered nurses will be participation in clinical supervision at least twice a year. This will be subject to ongoing monitoring.

Clinical supervision can both empower and support those in clinical practice, but only if it is peer supervising peer. The process of clinical supervision relies on those who are actively working in practice and have current experience. Clinical supervision involves a tripartite partnership between the supervisee, supervisor and the wider organisation. If any partner fails to participate in supporting the clinical supervision infrastructure or the clinical supervision process it cannot be fully effective or demonstrably beneficial.

## **What is Clinical Supervision?**

Clinical Supervision has been promoted as a method of ensuring safe and accountable practice in nursing. There are various definitions to be found in the wealth of literature available. These include:

'A term to describe a formal process of professional support and learning which enables practitioners to develop knowledge and competence. Assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations'  
( DOH 1993)

'Regular, protected time for facilitated, in-depth reflection on clinical practice aimed to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development'  
(Bond & Holland 1998)

Clinical supervision can be offered through the framework of different models. The most common model in nursing focuses on three key functions as described by Proctor (cited by Bond & Holland 1998):-

- Formative - educational
- Normative - managerial
- Restorative – supportive

Formative Function – provides a framework and process for reflective learning. It enables the practitioner to recognise strengths and weaknesses in their work, to further develop skills and knowledge to relate theory to practice in a critical way

Restorative Function – provides the practitioner with a supportive relationship, which can address the emotional responses of the practitioner and reduce distress arising from stressful situations and relationships

Normative Function – is concerned with safe practice, maintaining and developing standards and ensuring that both local and national clinical standards are adhered to

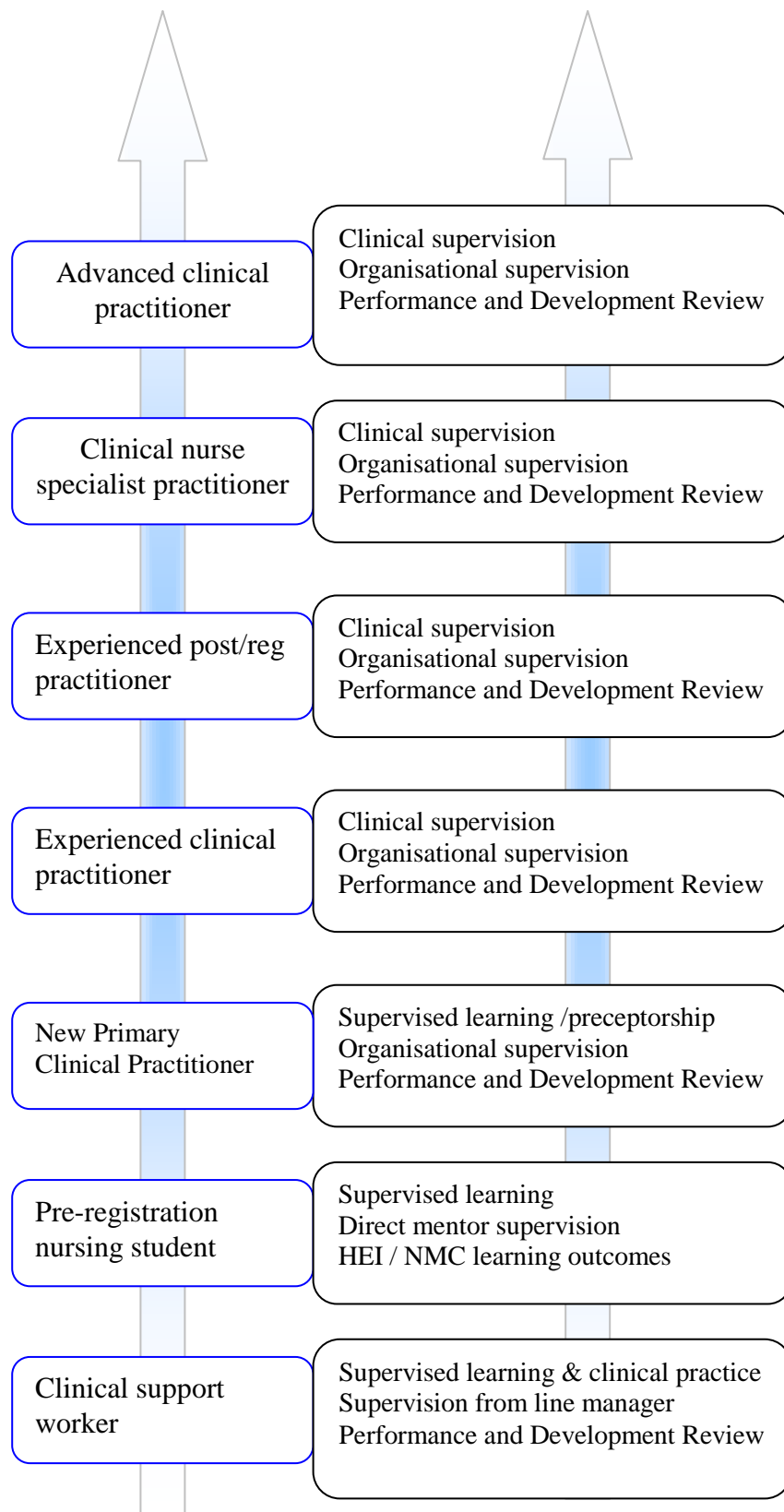
Clinical supervision is a collaborative dynamic process including the components of teaching and mentorship, which goes beyond a nurturing role.

The process positively works towards 'enabling' the supervisee to:

- Have time to engage in critical self examination and reflect on practice
- Become more self aware in clinical practice
- Identify practice issues and to consider approaches to practice based evidence
- Consider the recipients of the service in terms of their perceptions of what is happening in their lives and in response to interventions
- Be challenged in a safe environment
- Have the opportunity to consider future training and development needs to inform their Personal Development Plans
- Maintain and promote standards and innovations in practice in the interest of themselves, the patients and the service

## Overview of the Supervision Continuum in Nursing

There is no end point to learning, here are a number of ways supervision can be organised (adapted Driscoll 2000)



## **Clinical Supervision and similar models**

Clinical supervision should not be confused with the following:-

Child Protection Supervision guides and supports the practitioner whilst also includes an element of performance management as the supervisor sets the agenda and monitors quality child protection standards

Preceptorship defined as a teaching and learning relationship in which a newly qualified practitioner is assigned a preceptor.

The aim of Preceptorship is to support the growth and development of those who are newly qualified or new to the clinical area. This is a formal process to facilitate an individualised learning contract, which is specifically designed to meet the needs of the preceptor and fulfil the competencies of the post. The preceptorship relationship includes the skills of mentoring and coaching, this level of support is only for a definitive period of time, usually 4 – 6 months.

Mentorship – a term currently used to describe a relationship between a student in clinical placement and their clinical teacher e.g. a health visitor, district nurse or nurse practitioner.

Performance and Development Review is described as a system of individual performance review, combined with personal development planning for continuing professional development, this process is hierarchical in nature. The review will support the individuals work against the competencies required of the role

Caseload Supervision is a process by which practitioners caseloads will be regularly reviewed to support practitioners in the development of skills and knowledge to meet health needs of their client/patient group. This process will also include such aspects of the practitioner's work as record keeping, time management and adherence to clinical guidelines and PCT policies.

Case Supervision is when a practitioner seeks advice from a clinical expert to plan patient care with a specialist in that field of practice. eg health visitor from a member of child and family team, district nurse from a diabetic nurse specialist.

Clinical supervision is distinct from those models described above. The role of manager and clinical supervisor is separate from one another. Clinical supervision is a self-directed process to establish, maintain and improve standards of care, whilst also providing an additional opportunity to reduce the distress which can occur from the complex clinical situations which occur in practice.

## **Modes of Clinical Supervision**

The literature often presents conflicting and confusing ideas about the modes and models of clinical supervision. The model of supervision refers to the theoretical and philosophical underpinnings of supervision and the way in which this informs the work. The mode of clinical supervision refers to the practical ways of operationalising the process itself, such as individual or group supervision. There are benefits and limitations to each mode of supervision, both for the individual and the organisation.

- Regular one-to-one sessions with a supervisor from the same discipline
- Regular one-to-one sessions with a supervisor from an allied discipline
- Regular group supervision with a designated supervisor from the same discipline
- Regular group supervision with a designated supervisor from an allied discipline
- Network supervision with those from a similar background or expertise who do not work together on a regular basis ( e.g. Cluster Groups)

In this PCT clinical supervisors will be available within each service. The ultimate responsibility for clinical governance rests with the Chief Executive of the organisation, therefore, the formal contract between supervisor and supervisee must relate to the policies and procedures of the organisation in which professional clinical supervision is taking place. Therefore, any external supervision would need to be subject to the same quality standards to protect the public and would only be with the knowledge and approval of the service lead. This arrangement would be in relation to exceptional clinical circumstances necessitating the need for external supervision.

## **Clinical Supervision and PREP**

The professional portfolio has become an integral part of the PREP requirements and as such is mandatory to maintaining registration. It provides a focus for the recording of experience and professional development. Documenting either individual clinical supervision or the long term benefits to the individual and their own practice in a portfolio can therefore be seen as a legitimate way of demonstrating lifelong learning. The supervisor's skills should assist the practitioner to reflect and focus on developing the needs of the supervisee. As a result outcomes can be acted on or used in personal development planning. Outcomes may be entered into a professional portfolio to assist practitioners to meet post-registration requirements

## **Clinical Supervision & Clinical Governance**

Clinical governance can be defined as:

*"A framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish"*

( DOH 1998 A First Class Service)

Participating in clinical supervision in an active way is a clear demonstration of an individual exercising their responsibility under clinical governance. It needs to be recognised that clinical supervision takes place in a wider framework of activities that are designed to manage, enhance and monitor the delivery of high quality services. The components of clinical governance are:

- Education and training
- Clinical Audit
- Risk Management
- Clinical Effectiveness
- Research and development
- Patient and Public Participation – Patient experience
- Staffing and staff management

## Rights and Responsibilities of Clinical Supervisee

<b>Rights</b>	<b>Responsibilities</b>
<p>As supervisee you have the right to:</p> <ul style="list-style-type: none"> <li>• Be treated with respect as an equal partner in the clinical supervision relationship: e.g. any decisions that affect the relationship are made with your involvement; sessions are held in a non-hierarchical setting.</li> <li>• Choose the mode of clinical supervision (e.g. one to one or group) and who will be your clinical supervisor.</li> <li>• Set most of the agenda: to talk about what you want to talk about during the clinical supervision sessions, as long as the issue affects your clinical work.</li> <li>• Confidentiality, with the two exceptions of revealing unsafe or illegal practice (or third, not attending or using clinical supervision). This includes records: you have the right to have no record made of anything personal you have talked about.</li> <li>• Protected time for the clinical supervision sessions: support to be able to be released from your clinical responsibilities in order to attend; have the clinical supervisor give your sessions priority and stick punctually to appointments; appropriate length of 'air time'</li> <li>• Protected space for the session: in private with no interruptions</li> <li>• Talk about any difficulties and vulnerable feelings, if you wish, without being criticised for having these vulnerabilities</li> </ul>	<p>As supervisee, you have the responsibility for:</p> <ul style="list-style-type: none"> <li>• Asserting yourself in negotiating decisions about clinical supervision. Considering yourself as an equal and empowering yourself to use the clinical supervision session in the most effective way.</li> <li>• Asserting yourself in negotiating the mode of clinical supervision and who will be your clinical supervisor.</li> <li>• Preparing for clinical supervision sessions by identifying issues upon which you wish to reflect.</li> <li>• Outcomes in terms of your own development and for any actions you take in practice as a result of the sessions.</li> <li>• Making and following through action plans that arise from your reflection during clinical supervision.</li> <li>• Protecting the time for your clinical supervision by giving the appointments a high priority; turning up punctually.</li> <li>• Arranging cover so that you will not be 'on-call' during the clinical supervision.</li> <li>• Being open to challenge, not interpreting all challenges as personal attacks or discriminatory practice.</li> <li>• Giving feedback to the clinical supervisor about their facilitation: e.g. what is most and least helpful.</li> <li>• Using the time to reflect in depth on issues affecting clinical practice and avoiding non-productive conversation.</li> </ul> <p style="text-align: right;">Adapted from: Luton &amp; Dunstable Hospital NHS Trust 2000</p>

## Rights and Responsibilities of Clinical Supervisor

<b>Rights</b>	<b>Responsibilities</b>
<p>As supervisor you have the right to:</p> <ul style="list-style-type: none"> <li>• Be treated with respect as an equal partner in the clinical supervision relationship, not blamed for the supervisee's or the organisation's shortcomings.</li> <li>• Break confidentiality in exceptional pre-agreed circumstances.</li> <li>• Challenge any behaviour or values that the supervisee displays or talks about which give you concern about their practice, development or use of clinical supervision.</li> <li>• Challenge any behaviour that is insulting or personally hurtful to you.</li> <li>• Refuse requests which make inappropriate demands on you in your role as clinical supervisor or outside interference from the supervisee's colleagues or manager or inappropriate requests from the supervisee.</li> <li>• Set personal and professional boundaries on what issues you listen to the supervisee talk about.</li> <li>• Choose whether to work with someone as a clinical supervisor.</li> <li>• Take steps to withdraw from the clinical supervision relationship if you have difficulties in meeting the commitment or there are relationship difficulties that cannot be resolved.</li> </ul>	<p>As supervisor you have the responsibility for:</p> <ul style="list-style-type: none"> <li>• Preparing for the clinical supervision session: ensuring no interruptions; settling yourself beforehand; and remembering the previous sessions.</li> <li>• Being reliable, sticking to agreed appointments, time boundaries, clinical supervision contract, keep confidentiality, (except for explicitly agreed exceptions).</li> <li>• Avoiding any managerial or educational assessment role from being part of the clinical supervision session; to keep the session time purely within the clinical supervision contract and deal with other roles at other times.</li> <li>• Rebutting inappropriate demands, e.g. outside interference from the supervisee trying to step over boundaries.</li> <li>• Focusing on how quality professional practice can be sustained in spite of personal difficulties the supervisee may have</li> <li>• Encouraging the supervisee to seek specialist help or advice when necessary</li> <li>• Challenging any behaviour or values that the supervisee displays or talks about which give you concern about their practice, development or use of clinical supervision.</li> <li>• Ensuring that you have support, e.g. your own clinical supervision</li> <li>• Be aware of who your clinical supervision lead is in your service</li> <li>• Attend updates provided by PCT</li> </ul> <p style="text-align: right; margin-top: 20px;">Adapted from: Luton &amp; Dunstable Hospital NHS Trust 2000</p>

## **The Clinical Supervision Contract (Appendix One)**

Since clinical supervision relationships should remain professional in nature, they must be grounded in some sort of explicit working agreement that allows for joint understanding and responsibility. If clinical supervision was based on implicit agreements only, then it may be possible for each party to make different assumptions about what their role entails. An agreement or contract avoids ambiguity and provides a secure framework within which the relationship can progress in an open and honest way. Other reasons for writing a contract are to firmly establish in both parties minds the fundamental elements of supervision. These include the fact that the relationship is set up for a specific purpose for which there is limited time that can be devoted. In addition, boundaries need to be set to eliminate confusion, which may result in the supervisors role being inappropriately extended beyond their area of expertise. For example, it would be wrong to assume that your supervisor will be able to provide counselling or other roles that they are not qualified to do in the context of clinical supervision

### **Venue**

As clinical supervision is part of public and peer accountability, standards of Caldicott and confidentiality apply to the process. Therefore, the venue chosen should either be PCT or GP premises. Public areas should not be used for clinical supervision

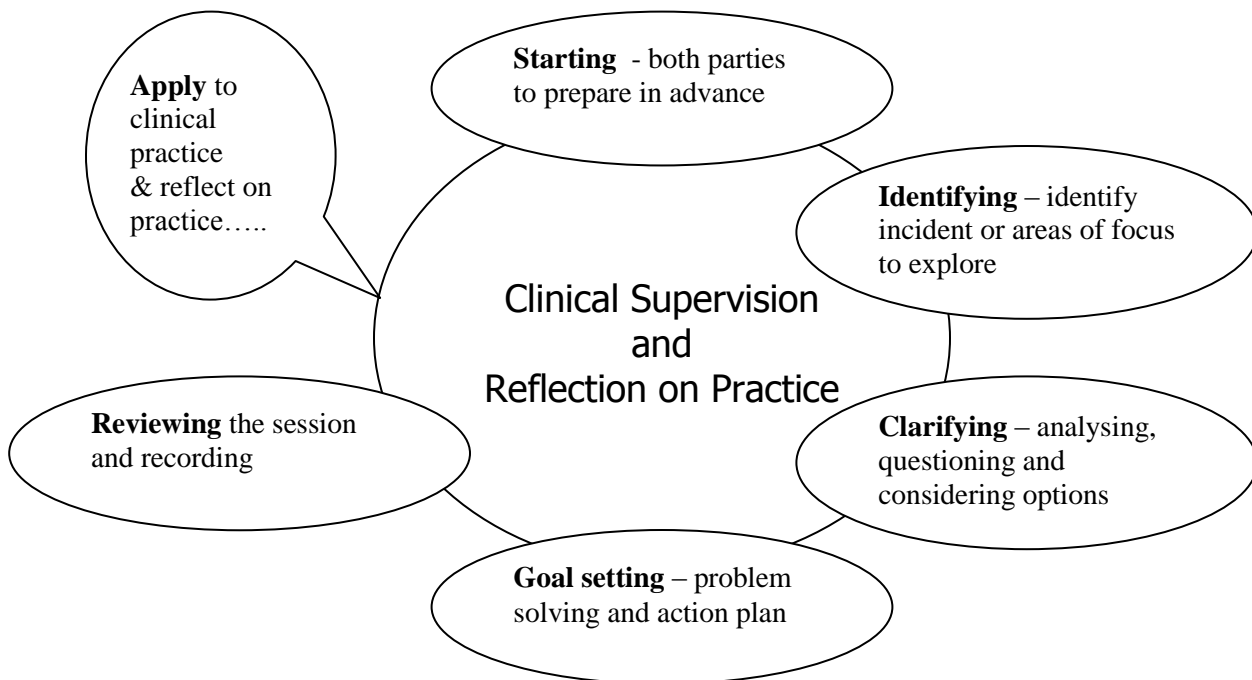
### **Structure and Formal Process for clinical supervision**

There is a basic structure for organising clinical supervision sessions, based on a simple process model over a 60 min session.

<b>Phase</b>	<b>Timing</b>
1. starting a session	5 mins
2. identifying & exploring	10 mins
3. clarifying	25 mins
4. goal setting & action planning	10 mins
5. recap, record & close	10 mins
6. reflection in practice	Bring to next session

In reality a clinical supervision session will not be divided so neatly, but is good to think in these terms in order to focus on a beginning, middle and end.

## An expanded version of the process model for clinical supervision



## Confidentiality

It is vital that both supervisor and supervisee have a clear understanding of the true meaning of confidentiality. Sessions must be strictly confidential at all times under normal circumstances. However, on very rare occasions, for instance:-

- where something illegal occurs or is shared with supervisor
- breaches of the NMC professional code of conduct or
- infringes of PCT policies and procedures

the supervisor is obliged to ensure the supervisee's manager is informed. It is important that both parties understand this fact and in most cases the supervisee should be encouraged and given an opportunity to inform their manager themselves, as in any adult to adult relationship, before the supervisor feels obliged to. In some circumstances the supervisor will be legally obliged to write a written statement regarding any breaches of the professional code of conduct. Remember, this is only in rare situations and is the same responsibility, which any registered nurse has in respect of public safety and the NMC code of conduct.

## Choosing and Changing a clinical supervisor

Ideally, all staff will have a choice of clinical supervisor. Staff will meet with their prospective supervisor before a commitment to a supervisory relationship is agreed.

A register of clinical supervisors can be obtained from:-

- Service Lead e.g. Heart Support, Walk In Centre, Minor Injuries
- Professional Development Nurse for Health Visiting / NNEB's
- Professional Development Nurse for District Nursing/ Specialist Nurses

Only staff who have completed a clinical supervision module or attended the in house two day clinical supervisors course (or equivalent completed in another organisation) will be placed on the register. This is to meet fundamental standards of professional behavior as a clinical supervisor and to support the successful implementation of the process. Please discuss any alternatives to arrangement with Cindy Freeman.

All supervision will be structured around a written contract. The contract will specify the frequency of the supervision and stipulate a date for review, which will be no less than six monthly

An ideal number of supervisee's for any full time supervisor is 2-3. In group supervision usually no more than 6, as everyone needs to be given a fair share of 'air time' in a group setting.

### Standard

Structure	Process	Outcome
1. A choice of clinical supervisor for supervision at least six monthly  2. A clinical supervision record sheet	1. Each nurse discusses their clinical supervision needs with a clinical supervisor  2. Each practitioner maintains a record of their clinical supervision	A written record of clinical supervision received, including <ul style="list-style-type: none"> <li>• Overview of themes</li> <li>• Duration</li> <li>• Time and date</li> <li>• Name of clinical supervisor</li> <li>• Outcome \ Action taken</li> </ul>

Either party is free to end the relationship, usually giving one months notice, should they perceive it to be an unproductive relationship. Both parties should review the relationship and the contract every year.

## **Frequency of clinical supervision**

It is recommended in the extensive literature that is available on the subject that all qualified nursing staff receive 1 hours clinical supervision @ every 6-8 weeks, pro-rata. As a standard in the PCT the minimum is every six months, this will be subject to review. The time frame may need to be flexible if being arranged as group supervision as this will take longer than one hour.

## **Group Supervision**

If invited to run or participate in group supervision, follow this simple guidelines:-

1. Be prepared to say 'no' if you believe that group supervision will not be an effective forum for supervision. Though it is possible to participate in group supervision to meet some professional needs and have one to one supervision to meet individual learning needs
2. If you say 'yes' clarify ground rules with the group and be clear how the session will be structured
3. Read about group work to strengthen your skills in dealing with the group process. In particular:-
  - Know how to listen to the group as a whole and how to give feedback to them as a group about the issues shared
  - Understand group dynamics
  - Be clear who will facilitate the process, or if this will be on a rotational process
4. Clarify how the sessions will be documented ( discuss with Cindy Freeman)

## **Training for Clinical Supervisors**

Ultimately it's everyone's responsibility to be a clinical supervisor, after one year's registration/post registration. This enables sufficient numbers of supervisors for every one to select a clinical supervisor from a register of clinical supervisors.

After attendance at the in-house course group members will be able to:

- Discuss and analyse the meaning of clinical supervision
- Identify how clinical supervision can be beneficial to staff, patients and the organisation
- Compare and contrast the different functions of clinical supervision

- Discuss skills and competencies to be an effective clinical supervisor in practice
- Explore the ethics of clinical supervision in relation to the code of conduct and PCT policies
- Implement the clinical supervision process and comply with documentation

### **Skills of Clinical Supervisors**

All nurses develop their interpersonal skills during their initial training. The skills for clinical supervision build on these existing communication skills. As with all skills they can develop with experience and reflection on practice. The skills for clinical supervisors include the ability to:

- be willing to mutually learn from engaging in clinical supervision
- be attentive to the needs of the clinical supervisee in a working relationship
- use effective questioning to promote the growth and development of the supervisee
- be open to receive as well as give feedback on practice
- be able to manage the supervisory process

### **Documentation**

It is the responsibility of both clinical supervisor and the practitioner to keep clear, accurate and up to date records. These records must be kept in accordance with policies on confidentiality and record keeping. Basic data recorded by supervisors must be accessible for audit and evaluation. Clinical supervisee's need to keep their own more comprehensive records, which are confidential.

### **Clinical Supervision and reflection**

If reflective practice is new to you, it may be helpful to use a framework. A reflective framework can be used by supervisee's to reflect on a particular clinical incident in preparation for the clinical supervision session. It can also provide the basis for the evidence of personal and professional development to be included in your PREP personal profile

### **Completing Evaluation Form –**

The documentation of the supervision session recorded by the supervisee is confidential. However, to demonstrate for external audit purposes that a supervisory system is in place within the PCT it is necessary to audit those topics, which are of particular or frequent concern to nurses. If you tick a box, only a short comment is necessary if applicable e.g.

Standards, policies and procedures

4

Consent Policy

Evidence Based Practice

4

RCN Guidance '03 Wound Care

All related forms are in a separate pack. The forms are continually being updated in response to feedback from supervisor's and supervisee's

Please contact Cindy Freeman. Professional Nurse Advisor for a copy.  
0151 651 3920

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