

Q: How long does a session last and how often will it happen?

A: A supervision session will probably last approximately 1 hour and a minimum of twice a year will be offered. Registrants who wish to have more frequent sessions should negotiate this with their supervisor in the first instance.

Q: How is the session recorded and who keeps the record?

A: During the course of any formal supervision, written notes should be taken by both the supervisor and the supervisee to help guide future sessions and to reflect on learning and development achieved through the supervision process.

Q: What should the supervisor record?

A: All supervisors have the responsibility of taking brief notes for each session, recording key points and/or actions from the discussion.

They should also complete a Sessional Record sheet (Trust Policy), which logs information on the number and frequency of sessions. A copy of this recording sheet should be returned to their line manager on a quarterly basis.

The supervisor has a responsibility to ensure all relevant records are kept secure and confidential.

Q: What should the supervisee record?

A: Each supervisee has a responsibility to keep accurate notes of her/his supervision sessions, whether individual or group, using the documentation template provided by the Trust.

These notes should remain confidential, particularly if you are participating in group supervision.

The supervisor and supervisee should sign written notes at the close of each session, having discussed any areas of disagreement or issues of concern. These records may be kept as a part of your portfolio, either in hard copy or electronically.

You may find it beneficial to use the NIPEC development portfolio www.nipecdf.org to support your record keeping.

Q: What should be recorded in written notes?

A: Written notes should reflect the purpose of supervision; focus on the key topics discussed and record any ongoing actions or learning and development.

It is important that any patient/client information should be protected to comply with data protection requirements and relevant Trust protocols. The Trust documentation template (Trust Policy) provides a framework for recording written notes.

Within the process of supervision, it is possible that issues which compromise safe practice or the NMC Code may emerge. You should be aware that documents relevant to discussion around issues of concern may need to be shared.

All relevant written records are confidential – except when agreed by both/all parties to share with appropriate others.

All written records should be underpinned by the principles within the NMC Record Keeping Guidance² (July 2007).

Q: Is formal supervision the only way to reflect and evaluate?

A: No. There are many informal day-to-day activities you undertake that adopt similar principles to supervision.

For example, a review and discussion about a patient's/client's care uses the principles of reflection. Or using a similar process, a review of a complaint can lead to changes in how care is organised and delivered. For these 'informal' opportunities to contribute to your reflective experiences, however, they should be recorded to prepare for your formal sessions.

² <http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=3170>

This leaflet has been developed in 2008 by the Main Working Group of the Supervision Regional Forum for the Implementation of the Regional Standards for Supervision in Nursing and produced in collaboration with NIPEC.

Further documents which may be of help, such as the Regional Policy and Procedure Template or Regional Learning and Development Framework can be accessed through the NIPEC website: www.nipec.n-i.nhs.uk

Supervision for Nurses



Common Questions and Answers

Supervision has been identified through various national and regional inquiries as a key component in the delivery of safe and effective care, and in the development of our nursing workforce.

In July 2007, the Chief Nursing Officer (CNO) published two regional standards for supervision of nurses. Trust performance on the delivery of supervision for all registrants will be formally measured annually by the CNO through the Executive Directors of Nursing, beginning in April 2009.

This leaflet has been developed to answer some of the common questions nurses ask about supervision.

Q: What is supervision?

A: Supervision is defined as a process of professional support and learning – undertaken through a range of activities – which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance quality, safety and service-user protection (NIPEC 2007¹).

Q: How will Supervision help me?

A: Supervision will help you as you reflect on your practice. This process will in turn help you to:

- increase knowledge & skills
- improve standards of patient/client care
- identify solutions to problems
- increase understanding of professional issues
- enhance accountability and responsibility for your own practice

– all of which should help you to sustain your continuous development.

Q: Is there a difference between supervision and performance management?

A: Yes. The ethos of supervision is to create a reflective, positive-learning culture, wherein supervisees can reflect on a practice or professional experience of their choosing.

Performance management relates to your line manager measuring your performance against agreed objectives.

Q: Is there a link between performance management processes and supervision?

A: Yes. While both systems are different in approach, it is possible that one of your supervision outcomes may be the identification of a training need that will influence your personal training and development requirements.

It is then appropriate that you should discuss the identified training need with your line manager but not the details of the supervision session.

Q: How is supervision carried out?

A: Supervision is undertaken through a structured, practice-focused professional relationship, which involves reflecting on practice through facilitation by a skilled supervisor who may be a nurse of similar or higher AfC banding. Each Trust will individually define how supervisors will be allocated.

A supportive learning environment is established, where ground rules are agreed on what is involved. You can expect your supervisor to negotiate a Contract of Commitment with you that clearly defines roles and responsibilities before your supervision relationship begins.

This includes:

- purpose: practice focused issues
- parameters of confidentiality
- commitment to frequency of sessions

Q: What issues are explored and who decides on the topic?

A: The topic will focus on a practice or professional experience that is significant to you, the supervisee. You will choose the topic to reflect on from the range of different, and perhaps difficult, professional experiences you may encounter through your practice, considering alternative approaches which could have improved your experience and/or, where relevant, the outcome appropriate to the chosen topic.

Q: Is my supervisor trained to help me reflect?

A: Yes. An individual will not be able to act as a supervisor until she/he has undertaken the necessary training.

Potential supervisors can be identified in a number of ways: for example through nomination by a line manager or by a process of self-nomination.

Once identified, potential supervisors will consider their skills and knowledge against a self-assessment tool devised from the competencies required for supervisors. Any training they may require will be provided through the In-service Education Consortia or through flexible learning approaches agreed with their sign-off supervisor.

New supervisors must be 'signed off' as competent in the range of skills necessary to ensure effective supervision processes, before undertaking supervision on their own; and they must undertake at least one co-supervision session with their sign-off supervisor. The time required to achieve competence in the range of skills necessary will vary for each individual, depending on previous experience and learning and may be spread over a period of several months.

For further information regarding training, please see the Regional Learning and Development Framework. This can be accessed through the NIPEC website: www.nipec.n-i.nhs.uk

Q: Do I need any training or preparation?

A: Yes. As a supervisee, you require an understanding of what the process of supervision is, to ensure your supervision sessions are of benefit to you. The In-service Education Consortia will be offering short preparation sessions that will increase your understanding of:

- purpose, structure and process of supervision
- structured critical reflection
- responsibilities and expectations
- evaluating its impact upon yourself and patient care

Please check the In-service Directory for details.

You may find, however, that you are ready to engage actively in supervision and require little if any further training.