What is clinical supervision?

Definitions and Concepts
Definitions

To facilitate an exchange between practicing professionals to enable the development of professional skills.

Butterworth, 1994

To reflect on clinical practice in order to more fully appreciate the meaning of the experience, to develop abilities, maintain standards of practice and provide a more therapeutic service to the client.

Consedine, 1995
Definitions

A practice-focused professional relationship involving a practitioner reflecting on practice guided by a skilled supervisor. [It] supports practice, enabling practitioners to maintain and promote standards of care.

UKCC, 1996
Key Concepts

- Enabling, facilitative, collegial
- Process orientated
- Supervisee
  - client/practice centered
- Specific goals and purpose – active not passive
- Sharing of knowledge, values, expertise
  - peer review
- Reflection on practice, critiquing, evaluating, self-monitoring
Key Concepts

- Experiential, meaning of experiences, re-defining
- Interactive – Clinical, therapeutic and team relationships
- Skills acquisition, role development, practice development
- Guidance, direction, mentorship
- Practical and supportive
- Challenging
Main aims of clinical supervision
Adapted from Bishop, 1994

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<td>Safeguard standards</td>
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<td>Develop professional expertise</td>
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<td>Maintain the delivery of quality care</td>
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<td>Promote reflective, autonomous and accountable practices</td>
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<td>Provide professional support and peer review</td>
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<td>Empower the profession and individual practitioners</td>
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<td>Minimise occupational stress and burnout</td>
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Models

Growth and Support Model – Educational and personal to support development of clinical autonomy.

Features

- Generosity
- Rewarding
- Openness
- Willingness to learn
- Thoughtful/thought-provoking
- Humanity

- Sensitivity uncompromising
- Personal
- Practical
- Orientation
- Relationship
- Trust

Faugier, 1992
Models

Integrative approach – Focuses on the process of the supervision relationship

- Supervisor
- Supervisee
- Client
- Work context

Two interlocking systems:

- Therapy/Clinical system between client and supervisee
- Supervision system between supervisee and supervisor

Hawkins & Shohet, 1989
Three-function interactive model

- Normative (systemic - managerial)
- Formative (educative)
- Restorative (personal/pastoral support)

Proctor, 1986
Supervision Triangle
Adapted from Hewson

Patient

Case formulation
Care planning & contracting
Case administration

Nurse

Skills-Knowledge
Professional conduct
Professional identity

Self

Relationship with patient & family
Systems relationship
Relationship with team
Supervisory relationship

Relationship

Clinical Supervision
Clinical Supervision

The Relationship of Clinical Supervision to Performance and Line Management
Mentorship
Wise, reliable counsellor.
ENB 1987

Preceptorship
Refers to the training and orientation of students or neophytes.
Goldenberg, 1987, Kramer 1974

Line management supervision
Primarily concerned with maintaining acceptable standards and the overall goals of an organisation.
Consedine, 1995
What it is not

- Mentorship
- Preceptorship
- Orientation or buddying
- Line management supervision
- Performance management or appraisal
- Competency assessment
- Checking up on people’s work
- Counselling or therapy
- Disciplinary or anything to do with poor performance
Clinical Supervision

Why is it important?

Benefits of clinical supervision
The Evidence

• Increased feelings of support and personal wellbeing
• Increased knowledge and awareness of possible solutions to clinical problems
• Increased confidence
• Decreased incidence of emotional strain and burnout
• Higher staff morale and job satisfaction leading to a decrease in staff sickness and absence
• Increased participation in reflective practice
• Increased self awareness

Cutliffe & Proctor, 1998
Evidence

- Longer sessions are better (60 minutes)
- More frequent sessions are better (at least monthly)
- Sessions in groups may be more effective
- Sessions away from work place may be better
- Supervisor trust/rapport is higher if the supervisor is chosen

Winstanley & White, 2002
Evidence

- Large study in UK of 1027 nurses
- Included control group and a nested group
- Measures used included:
  - Minnesota Job Satisfaction Scale (Weiss, 1967)
  - Maslach Burnout inventory (Maslach & Jackson, 1986)
  - Nurse Stress Index (Harris, 1989)
  - Cooper Coping Skills (Cooper et al, 1988

Butterworth, Carson, White et al, 1997
Good Practice

- Choose your own supervisor, avoid line manager, need for trust & objectivity
- Staff motivation vs line manager/organisational support
- Trained/competent supervisors, ability to facilitate learning
- Set up a contract/agreement,
- client/practice centred (supervisee)
- Establish purpose, ground-rules and key objectives eg general vs specialist
Good Practice

- Confidentiality vs duty of care, ethics of process and content
- Clinical relevance, professional/practice development, organisational goals
- Plan sessions, meet regularly, keep record eg 1 hr fortnightly/monthly
- Community workers may meet more regularly/ for longer duration eg 1-1.5 hrs (Same applies for those in more autonomous or specialised roles)
Good Practice

- Meet away from immediate clinical environment
- Supervisee prepares for sessions by bringing matters for discussion
- Consider small groups eg 2-4 (Need group skills)
- Monitor & evaluate periodically – After 8-12 sessions
Clinical Supervision

The College ACMHN) supports mental health nurses doing clinical supervision – Prominent component of the CPP

- 25.1 Clinical Supervision of you
- 25.17 Clinical Supervision of others
- CPD maximum points value: 50 and 25 respectively (1 hr = 1 CPD)
- Clinical Supervision Agreement (CSA) can be downloaded from College website
- One signed CSA only per credentialing cycle - Points value of 10 CPD
- But you can have multiple agreements/arrangements during the period
- Organisational/Health Service agreements recognised
- Maintain your record of sessions eg diary and transcribe to EBR either as individual or aggregate entry
- 1 hour per month over 3 year cycle + CSA = 46 CPD points
- Clinical Supervisor Training and refresher programs attract CPE points pro rata
Key Texts/References

Winstanley J & White E, 2002 – *Clinical Supervision: Models, Measures and Best Practice (Monograph)*, Australian & New Zealand College of Mental Health Nurses, Greenacres SA


Butterworth T, 1997 – Clinical Supervision and Mentorship: It is Good to Talk: An Evaluation Study in England and Scotland, University of Manchester.

The Winter Symposium, 1996 – Clinical Supervision in Mental Health Nursing: Proceedings. The Rozelle Hospital, Sydney. ISBN 1 876147 04 0


