

Clinical supervision – how and why?

Clinical supervision has been recognised by nursing professional bodies (the Nursing and Midwifery Council and the Royal College of Nursing) as a supportive way to facilitate learning from experience. Although this can be undertaken as a multidisciplinary exercise, it is most effective when limited to uni-professional settings, as the understanding of roles is a helpful part of the process. Please see

Tool – North, Central & South Liverpool PCT clinical supervision policy

Regular meetings among general practice nurses (GPNs) may be rare within general practice, especially in small practices. This makes the need for clinical supervision – with sharing of experiences – even more important. Clinical supervision is designed to encourage and enable reflective practice; by doing this, GPNs can learn from experience and improve their competence. The overall result will be improved quality of care. In addition, clinical supervision serves to support GPNs with the management of stress by off-loading emotionally draining experiences.

In planning clinical supervision sessions, care needs to be taken in creating the right balance between an informal and structured approach. A degree of informality is essential as the essence of clinical supervision is about sharing experiences in a safe environment, and informality provides a sense of safety and comfort. However, if no structure is imposed at all, the danger is that the experience will not be meaningful, as true analysis of experiences that enable learning may not occur.

Ways of introducing clinical supervision

Consider any of the following approaches, which have all been proved to be successful in different settings:

- *regular one-to-one sessions with an expert GPN supervisor*
- *regular peer supervision using GPN colleagues*
- *regular one-to-one sessions with a supervisor from an associated discipline (eg district nursing)*
- *group supervision within practice teams (obviously this would only be possible in larger teams)*
- *group supervision with defined teams of GPNs from different practices.*

In terms of resources, the option of 'group supervision with defined teams of GPNs for different practices' is likely to be the option that is most practical. For any of the options, the key points for success are listed below.

- **Identify a suitable venue and dates, and book these in advance**
The venue needs to be private, but could be within a GP surgery or health centre. Any phones would need to be re-routed for the duration of the meeting
- **Determine the frequency and length of meetings**
The length of meetings needs to be at least 2 hours if this is in a group format to allow for meaningful discussion. Monthly or 6-weekly meetings are most likely to be supported by employers more frequent meetings are less likely to be supported
- **Clarify the role for supervisors**
This is likely to include coordination of sessions, establishing and maintaining ground rules, establishing a 'safe' environment, facilitation of the process, summary and action planning, documentation
- **Identify potential supervisors and determine training needs**
Supervisors need to be skilled and experienced practitioners; they must be good listeners with ability to provide constructive feedback and be open and tolerant of others; they need to have had training in reflective practice, law and accountability, self-awareness, group dynamics and supervision practice
- **Establish a method for supervising the supervisors**
Supervisors may have to provide considerable emotional support and take on board issues that cause concern or anxiety. It is therefore essential for the supervisors to be able to receive support and debriefing in a formal way
- **Ensure the primary care trust (PCT) is involved in the planning and maintenance of this initiative**
PCTs will have experience of managing clinical supervision sessions for their community nursing staff and are therefore well placed to advise and support GPNs
- **Ensure GPs are aware of the benefits and need for clinical supervision**
In order for GPs to support GPN's time out of practice they need to appreciate the potential that clinical supervision has in improving practice. The PCT may have a link role in this
- **Use a framework within supervision sessions**
This will provide a structure to ensure that the process is meaningful and makes participants feel more secure.

A framework for clinical supervision sessions

Establish ground rules and remind participants of these at the start of each session

Identify items for discussion at the start of each session. Each member (if in a group setting) should participate. These should fit within the categories of:

- clinical issues/role reflection
- support/professional
- educational issues/workload
- management issues

The supervisor should act as timekeeper to ensure appropriate allocation of time

Agree an action plan following each item discussed

A brief record of the contents of the session should be kept by the supervisor