



Royal College
of Nursing

Clinical supervision in the workplace

*Guidance for
occupational
health nurses*



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Contents

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|---|---|
| 2 | Introduction |
| 3 | How will clinical supervision help you? |
| 3 | Why have clinical supervision? |
| 3 | Introducing clinical supervision into your practice |
| 4 | Choosing the right model |
| 5 | Structuring clinical supervision sessions |
| 6 | Legal position |
| 7 | Further information |
| 7 | Bibliography |

Introduction

Clinical supervision in the workplace was introduced as a way of using reflective practice and shared experiences as a part of continuing professional development (CPD). It has the support of the NMC (formerly the UKCC), and fits well in the clinical governance framework, whilst helping to ensure better and improving nursing practice.

This leaflet has been developed by the RCN Occupational Health Managers forum and is designed as an introduction to clinical supervision. It aims to stimulate ideas and to encourage occupational health (OH) nurses to set up supervision practice in their workplaces. Clinical supervision isn't a management tool, but can be used as a support and prompt to professional practice in a creative way.

There is no one model of clinical supervision to follow, so the leaflet has been designed to help you with some of the basic questions and answers:

- ◆ what is it and how will it help?
- ◆ why have it?
- ◆ how can it be implemented?

This leaflet also provides some ideas and solutions to developing your own models, and recommends selective reading from a variety of sources.

How will clinical supervision help you?

Clinical supervision is, “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”. (DH, 1993)

Clinical supervision helps OH nurses meet their PREP requirements within their overall CPD. It does this by making it possible for nurses to reflect on their nursing practice and identify room for improvement. It also provides the opportunity to develop expertise, to find new ways of learning, and to gain professional support, which is particularly important for OH nurses who work alone.

Clinical supervision aims to motivate OH nurses, while being client-centred and focussed on safeguarding standards of client care. Organisations also benefit from:

- ◆ improved service delivery through the use of evaluation systems
- ◆ new learning opportunities
- ◆ improved staff recruitment and retention
- ◆ improved efficiency and effectiveness.

Why have clinical supervision?

Clinical supervision is also important as a tool to support you with elements of clinical governance in the following ways:

- ◆ quality improvement
- ◆ risk management and performance management
- ◆ systems of accountability and responsibility.

It provides a structured approach to deeper reflection on clinical practice. This can lead to improvements in practice and client care, and contribute to clinical risk management.

Introducing clinical supervision into your practice

Introducing clinical supervision to a workplace has resource, cost, and time implications that nurses need to be aware of. The commitment and support of key members of staff is essential in the early stages of planning. Find out if there is an existing local RCN group or network, which can be used to help you implement clinical supervision.

Occupational health nurses should ensure that clinical supervision is nurse-led, and not a management tool to assess nurses performance or direct nursing practice. Clinical

supervision is confidential and not part of a formal performance review or appraisal, and is not imposed on nurses.

Choosing the right model

There is a great deal of literature on the different models of clinical supervision. So a good starting point is to review and evaluate the literature available.

The bibliography in this document recommends some publications that deal with clinical supervision in greater depth. But nurses should undertake further reading before setting up a clinical supervision system.

There are a variety of models and approaches to clinical supervision. The following are some examples, but do not feel constrained by an academic model as these models can be adopted to suit your own workplace needs.

Educative – (formative)

- ◆ how to develop an understanding of skills and ability
- ◆ how to understand the client better
- ◆ how to develop awareness of reaction and reflection on interventions
- ◆ how to explore other ways of working.

Supportive – (restorative)

Exploring the emotional reaction to pain, conflict and other feelings experienced during patient care, can reduce burn out.

Managerial – (normative)

- ◆ how to address quality control issues
- ◆ how to ensure nurses' work reaches appropriate standards.

One approach is to develop a structured forum for peer supervision by:

- ◆ meeting up with colleagues in a local OH group
- ◆ meeting with nurses from other organisations
- ◆ considering partnership in supervision with non-OH professionals
- ◆ looking for provision from an outside OH organisation
- ◆ using facilitated group supervision
- ◆ using the same professional colleagues with one-to-one peer review
- ◆ using group supervision with a selected leader
- ◆ using peer group supervision (recommended by the NMC - see bibliography).

As occupational health nurses work in a variety of settings and sometimes in isolation, it is important to be creative and to consider how to use available resources to suit individual supervisory needs.

It is best to find a model that works well for the whole team in terms of the learning process, the numbers in the team, frequency of meetings, venue and required outcomes.

Structuring clinical supervision sessions

Clinical supervision sessions should be carefully structured and managed with clearly defined aims and objectives.

Create a template for the structure that includes:

- ◆ a process
- ◆ an evaluation system
- ◆ outcomes to measure success.

Ground rules and responsibilities should be clearly defined, and there should be a contract of commitment that includes:

- ◆ commitment to confidentiality
- ◆ open and honest learning
- ◆ sharing best practice
- ◆ seeking research for evidence-based practice
- ◆ facilitating new learning opportunities
- ◆ relevance to clinical practice

- ◆ active listening
- ◆ an organisation-wide perspective
- ◆ provision of educational and emotional support
- ◆ a formalised method of recording
- ◆ creating opportunities for improvements
- ◆ techniques to manage team dynamics.

Clinical supervision is an evolving process with experiment and challenge as the building blocks.

Legal position

All nurses should bear in mind that there are some occasions when a nurse may have to disclose the records of a clinical supervision session in court. If a request is made to disclose confidential records, advice should be taken from RCN Direct before disclosure.

Where clinical supervision is a requirement of the employment contract the employer owns the records, which may be used in disciplinary proceedings. If clinical supervision is not a requirement of the employment contract the nurse owns the records and can keep them confidential.

For these reasons it is very important that nurses are happy with what is written about them in the clinical supervision record.

Supervision in the context of clinical governance

Clinical supervision is vital to the framework of clinical governance for nurses because it ensures CPD and opportunities for continuous improvement.

Sir Liam Donaldson, Chief Medical Officer for the Department of Health, defines clinical governance as:

a system 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 . . . [it will] help tackle poor performance and enable clear lines of responsibility and accountability for client care. (DH, 2002)

Clinical governance is a programme of quality improvement systems involving audit and clinical standards applicable to evidence based practice for client care.

Further information

For further information contact the Occupational Health Managers Forum via the RCN headquarters at 20 Cavendish Square, London W1G 0RN.

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