

CLINICAL SUPERVISION POLICY

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1.0 PURPOSE

- 1.1 Clinical supervision is a key mechanism to enable Associate GPs to examine their practice, skills, knowledge, attitudes and values in safe environment and to put in place actions plans for development.
- 1.2 Effective participation in supervision is seen as individuals demonstrating their accountability and taking responsibility for the continuous improvement of their practice.
- 1.3 This policy aims to outline clinical supervision, including the function and procedure, within Urgent Care 24.

2.0 SCOPE OF POLICY

- 2.1 This policy is applicable to all Associate GPs who are directly involved in the delivery of patient care. This policy can also be applied to other staff groups who are indirectly linked to patient care and would benefit from a form of clinical supervision.

2.2 Definitions

- 2.2.1 **Clinical supervision** is defined a mechanism for reviewing current practice, adopting approaches to increase the standards of care and improving communication. Clinical supervision in Urgent Care 24 is offered on a 1:1 and group basis. This process enables development needs to be identified and appropriate individual actions plans to be developed.
- 2.2.1 **1:1 Clinical Supervision** ensures that competency is managed and developed in a supportive framework. 1:1 supervision is a formal process whereby the supervisor and supervisee meet at pre-arranged intervals. 1:1 supervision may be delivered by Line Managers who have undertaken clinical supervision training. It is the supervisee's responsibility to arrange a convenient date/time with the supervisor and the content of the session would normally be supervisee led.
- 2.2.3 **Group Supervision** is a small group of staff discussing practice with their peers and under the guidance of a facilitator. The group shares practice, clinical cases where appropriate, in addition to a discussion of critical incidents/near misses. The group also provides support to group colleagues. Group supervision ensures sharing of knowledge and practice between staff with varying types of experience. It will be led by an experienced practitioner who has undertaken facilitation training.

2.3 Aims of Supervision

2.3.1 The aim of supervision is to identify and encourage best practice in all members of staff. It is not a method of monitoring or disciplining staff. It also facilitates staff development and aids in the fulfilment of their roles.

2.3.2 The aims include:

- To promote and enhance the quality of care to the patients.
- To assist the organisation and Associate GP in achieving the requirements of clinical governance.
- To assist and support professional learning and development.
- To facilitate and support critical reflection on practice and through this promote greater self awareness and understanding of patients and clinical work issues.
- To ensure the Associate GP is clear about roles and responsibilities.
- To ensure the Associate GP meets Urgent Care 24 objectives.
- To help reduce stress.
- To develop and sustain a suitable climate for practice.
- To recognise and share good practice.

2.4 Functions of Supervision

2.4.1 Supervision has been identified as an effective tool for the following functions management /normative educational/formative and supportive/restorative functions:

2.4.2 The aims of the **management function** are to ensure:

- The overall quality of the supervisee's performance.
- Trust policies and procedures are understood and followed.
- The supervisee is clear as to the limits and use of their personal and professional authority.
- The purpose of supervision is clear.
- Work is reviewed regularly in accordance with Urgent Care 24 and professional requirements.
- Action plans have been formulated and carried out by the supervisee.
- The basis of decisions is clear to the supervisee and made explicit in professional records.
- Records are maintained according to professional guidelines.
- The supervisee agrees criteria with the supervisor regarding additional contact.
- The supervisee is managing an appropriate workload.
- Appropriate time management by the supervisee.
- The supervisee acts as a positive member of the team.

- The supervisee understands the functions of other agencies and relates appropriately to them.
- The supervisee receives regular formal development reviews (appraisals).

2.4.3 The aims of the **educational function** are to enable the supervisee to develop:

- Their professional competence
- An appreciation and assessment of their theoretical base, skills, knowledge and individual contribution to the organisation.
- An understanding of their value base in relation to race, gender and other qualities and factors, and its impact to their work.
- An understanding of their preferred learning style and blocks to learning.
- An assessment of their learning and development needs and how they can be met.
- Their capacity to set professional goals.
- Their ability to access professional consultation in areas outside the supervisor's knowledge/experience.
- Their ability to reflect on their work and interaction with clients, colleagues and other agencies.
- To receive regular and constructive feedback on aspects of their performance.
- Their ability to generalise learning.
- Their capacity for self appraisal and the permission to learn constructively from mistakes.
- A relationship in which they are able to give constructive feedback to the supervisor and both can learn from their experiences, including mistakes.

2.4.4 The aims of the **supportive functions** are:

- To validate the supervisee both as a professional and as a person
- To clarify the boundaries between support, counselling, consultation and confidentiality in supervision.
- To create a safe climate for supervisees to look at their practice and its impact on them as a person
- Debrief the supervisee and given them permission to talk about feelings, especially fear, anger, sadness, repulsion or helplessness
- Helping the supervisee to explore emotional blocks to their work
- To explore in a safe setting issues about discrimination
- To support supervisees who are subject to any form of abuse either from clients or from colleagues, whether this be physical, psychological or discriminatory
- To monitor the overall health and emotional functioning of the supervisee especially with regard to the effect of stress
- To help the supervisee reflect on difficulties in colleague relationships to assist the supervisee in resolving conflict

- To clarify when the supervisee should be advised to seek external counselling and its relationship with the monitoring performance

3.0 ROLES AND RESPONSIBILITIES

3.1 It is intended that supervision is a valued process and undertaken as a supportive and developmental role for both supervisor and supervisee. Therefore both parties' roles and responsibilities are;

- To comply with Urgent Care 24 supervision policy.
- To ensure supervision is given appropriate priority.
- To prepare adequately for supervision.
- To accept joint responsibility for decisions and action plans agreed in supervision sessions.
- To meet Urgent Care 24's legal, ethical and professional standards.
- To promote anti discriminatory practice and behaviour and to respect individuals diversity.
- To give and accept constructive feedback.

4.0 PROCEDURE

4.1 Supervision is to take place as and when required.

4.2 Frequency of sessions to be determined by the supervisor / supervisee and documented in the contract

4.3 The duration of sessions should be approximately one hour and documented in the contract.

4.4 1:1 supervision should take place at least three times per year and in addition, group supervision should be at least three times per year.

4.5 Urgent Care 24 believes supervision is not optional but a right for all grades of staff.

4.6 Content of Sessions

4.6.1 Supervision could include discussions on a wide range of work related topics including:

- Any matters the supervisee/staff member wishes to include
- Matters arising from previous sessions
- Time to reflect on experience of and feelings about work

- Reviewing work through discussion, reports and detailed case discussion including critical incidents/near misses
- Continuing professional development
- Setting professional goals and action plans
- Feedback on the supervision/peer review process itself
- Case Study discussions

4.7 Recording of Supervision Sessions

4.7.1 The Supervision record is an important element of the supervision process for a number of key reasons:

- It provides detail of conversations held as part of the process
 - It allows for reflective learning, analysis and action planning
- 1) Each supervision session must be recorded contemporaneously by the supervisee on the supervision record (see Appendix 2). Records of attendance will be audited.
 - 2) The record of the session must be discussed with, seen by and signed by the supervisee and supervisor. Any differences of opinion must be clearly noted as such.
 - 3) All actions to be undertaken by supervisee or supervisor must be noted.
 - 4) 1:1 supervision documentation must be held securely by the supervisee. A copy of this record will be held securely by the supervisor at their base in a locked drawer or cabinet or similar.
 - 5) Group supervision documentation will be held by the facilitator. Supervisees will be encouraged to keep a reflective log.
 - 6) Access to the supervision record by anyone other than the supervisor would be in **exceptional circumstances** i.e. only as part of a disciplinary, HCC inspection or legal process. The supervisee would in all circumstances be informed that their records were to be accessed in this way.
 - 7) All supervisees are encouraged to record attendance at supervision and in particular, learning and change of practice resulting from it as part of their professional portfolio. Evidence of professional development will be required by professional bodies as part of the re-registration process. Effective supervision and reflective practice should form a key part of this.
 - 8) Where specific clinical cases are discussed, for example a clinical case study, individual patient details should be anonymised.

5.0 EXPECTATIONS AND RESPONSIBILITIES OF SUPERVISEES AND SUPERVISORS

5.1 SUPERVISEE

5.1.1 Expectations

- 1) To understand and have access to Urgent Care 24's supervision policy
- 2) To have a named and trained supervisor
- 3) To receive supervision in line with Urgent Care 24's policy
- 4) To be treated as an adult and a professional
- 5) To have a mutually agreed written supervisory contract
- 6) To receive effective and sensitive supervision which is conducted in an environment of mutual trust and respect
- 7) To be treated in an anti-discriminatory manner
- 8) To be fully involved in the development of action plans
- 9) To give and receive constructive feedback
- 10) No interruptions unless in the event of an emergency
- 11) To be offered training for the role of supervisee

5.1.2 Responsibilities

- 1) To comply with the Urgent Care 24's Supervision Policy
- 2) To contribute actively to the agenda and session
- 3) To ensure that supervision sessions, especially outcomes and agreed tasks are adequately and clearly recorded
- 4) To share responsibility for making supervision work
- 5) To participate in negotiating a supervision contract
- 6) To attend supervision appointments on time
- 7) To come prepared for the supervision session
- 8) To be open and share information and give full access to files and records as necessary and appropriate
- 9) To meet Urgent Care 24's legal, ethical and professional standards
- 10) To promote anti-discriminatory practice and behaviour
- 11) To agree and implement action plans and to inform supervisor if plans cannot be implemented for any reason
- 12) To accept appropriate responsibility for own performance
- 13) To be active in the pursuit of own learning and development
- 14) To be clear and honest in seeking assistance
- 15) To give and accept constructive feedback
- 16) To use time effectively
- 17) To reflect, think through and explore options

5.2 SUPERVISORS

5.2.1 Expectations

- 1) To understand and have access to Urgent Care 24's Supervision Policy
- 2) For supervision to be given appropriate priority by supervisees
- 3) For supervisees to actively prepare for sessions and to acknowledge issues to be dealt with in supervision
- 4) For appropriate training in the skills and expectations of supervision for themselves and their supervisees.
- 5) For all relevant information to be shared in an open and objective way
- 6) Full participation by supervisees in all negotiations and agreements surrounding supervision
- 7) To have an agreed method whereby difficulties in communication are acknowledged and raised
- 8) Access to case files, plans and recording as appropriate
- 9) To be supervised in turn
- 10) To be able to refer to others for specialist advice as appropriate
- 11) For staff to respect confidentiality of their own supervision with peers
- 12) To receive constructive feedback on their performance, from their supervisees as well as their supervisor
- 13) Have an identified channel to ensure that work based issues influence organisational change

5.2.2 Responsibilities

- 1) To comply with the Urgent Care 24's Supervision Policy
- 2) To organise and arrange supervision according to Urgent Care 24 policy guidelines
- 3) To ensure supervision is given appropriate priority amongst other tasks
- 4) To co-ordinate all key activities relating to supervision
- 5) To prepare adequately for supervision
- 6) To ensure that all work and performance issues are openly and constructively dealt with in supervision
- 7) To ensure that discrimination does not take place within supervision
- 8) To work in partnership with the supervisee to ensure that supervision sessions, especially outcomes and agreed tasks are adequately and clearly recorded by the supervisee
- 9) To accept joint responsibility for decisions and action plans agreed in supervision sessions

6.0 DOCUMENTATION

- 6.1 All supervision sessions must be recorded by the supervisor on the appropriate documentation in order to aid group members in the reflective learning process and to plan and review personal and /or group actions.

7.0 CONFIDENTIALITY

- Supervision is a confidential process and this must be clearly respected by all staff involved
- All information (relating to patients and outside agencies) disclosed during supervision must be treated as strictly confidential and not discussed outside of the session.
- Where circumstances require advice to be sought from others e.g. management, clinical specialist or HR all parties must agree that information can be shared. However in exceptional circumstances, the supervisor may permit access or disclose the supervision record e.g. disciplinary process, Grievance process, Legal or professional negligence claims. In these cases the supervisee would be informed that their records were to be accessed in this way.

8.0 CHANGE OR TERMINATION OF EMPLOYMENT

8.1 The following principles will apply in the case of a change or termination of employment or change of Supervisor

- Where a change of supervisor is indicated the supervision record will be sent to the new supervisor after the final supervision session, following agreement with the supervisee.
- If a member of staff leaves Urgent Care 24 then their supervision record will be kept in their personal file for the appropriate time period in a labelled sealed envelope.
- In group supervision the suitability of continuing in the same group should be reviewed by the group, supervisee and the new supervisor.
- Where the supervisee is leaving, an opportunity to review the learning and close the relationship would be given.

9.0 RESPONSIBILITY

9.1 All employees have a responsibility to adhere to the terms and conditions of this policy.

9.2 Line Managers who are specified as the responsible people within the policy must ensure the correct procedure is carried out.

9.3 Any queries on the application or interpretation of this policy must be discussed with HR Manager prior to any action taking place.

9.4 This policy will be monitored and reviewed on a regular basis by HR Manager and updated as appropriate.

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Appendix 1

SUPERVISION RECORD

NAME OF SUPERVISEE: _____

POSITION: _____

LOCATION: _____

NAME OF SUPERVISOR
FOR 1:1 SUPERVISION: _____

POSITION: _____

NAME OF FACILITATOR
FOR GROUP SUPERVISION: _____

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Appendix 2

CONTRACT FOR SUPERVISION

This contract for supervision between:

Supervisor: _____ and Supervisee: _____

Was completed on _____ and is agreed by both parties.

Furthermore we have read the Urgent Care 24 Supervision Policy and understand and agree to the principles as stated within the policy.

Signature: _____ Supervisor

Signature: _____ Supervisee

Date of Review: _____

Appendix 3**GROUND RULES****1. Arrangements for Supervision:****Location:** _____**Frequency:** _____**Duration of Session:** _____

2. Confidentiality of sessions will be maintained by both supervisor and supervisee as per Urgent Care 24's supervision policy
3. There will be no interruptions or distractions, for example, no telephone calls.
4. Punctuality is essential.
5. Both parties will give high priority to attendance of supervision sessions.
6. Documentation relating to the supervision session will be kept according to the supervision procedure.
7. There will be mutual respect for individuals within supervision.
8. Expectations:

The process of supervision:

Following the preparatory discussions we have had about supervision, these are the ways we have agreed to work together in order to get the most out of supervision.

a. What I want from you as my supervisor
--

b. What I am willing to contribute as the supervisee
c. What I want from you as the supervisee
d. What I am willing to contribute as the supervisor

9. Other Ground Rules We Agree Between Us: -

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Appendix 4

10.0 RECORD OF SUPERVISION ATTENDANCE

NAME OF SUPERVISEE: _____

DATE	SIGNATURE OF SUPERVISEE	SIGNATURE OF SUPERVISOR/FACILITATOR	TYPE OF S'VISION I/G

I = 1:1 Supervision G = Group Supervision

Appendix 5

GROUP SUPERVISION ATTENDANCE SHEET

NAME OF GROUP: _____

NAME OF FACILITATOR: _____

11.0 NAMES OF MEMBERS	DATE OF GROUP SUPERVISION						

Please ✓ against members' name if attended

Please X against members' name if did not attend

Appendix 6

SUPERVISION LOG

DATE OF SESSION:

SUPERVISEE / GROUP NAME:SUPERVISEE SIGNATURE (IF 1-1)

.....

SUPERVISOR / FACILITATOR:SIGNATURE :

TOPICS ISSUES DISCUSSED	ACTION TO BE TAKEN	BY WHOM	BY WHEN

Appendix 7

REFLECTIVE PRACTICE LOG

DESCRIPTION OF EVENT: *include date; action of self & others; reasons for action; why it was significant*

FEELINGS: *explore what went well & what didn't; the feelings of yourself & others*

LEARNING: *include what would be done differently; what has been learned*

OUTCOME: *include what happens next: agreed actions; transfer of learning to other situations; how to incorporate into practice*