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Macmillan VOICE
SHARING GOOD PRACTICE

A pull-out and keep guide

CLINICAL SUPERVISION IN PRACTICE: A WORKING MODEL

Clinical supervision is being promoted nationally in the UK for all care staff working in the NHS within the Clinical Governance framework, as a Continuing Professional Development (CPD) activity and evidence of lifelong learning (DOH 2001). For Allied Health Professionals, including Macmillan radiographers, a similar system of support and CPD to that of nurses and health visitors under the umbrella of Clinical Governance is advocated as part of the ongoing modernisation of the NHS (DOH 2000a). In addition to this, professional development and career progression is also a central plank of the Improving Working Lives initiative, which not only aims to expand specialist services, but retain staff often working in isolation within complex care situations (DOH 2000b).

WHAT IS CLINICAL SUPERVISION AND WHAT IS IT NOT?

In over a decade of development for nurses and health visitors, the term clinical 'supervision' in some quarters still conjures up notions of being 'watched' or 'controlled' in practice. Traditionally, healthcare supervision – appraisal/IPR (Individual Performance Review), mentoring, caseload reviews and disciplinary interviews – has been in place to ensure practitioner performance in tandem with organisational guidelines, policies and procedures outlining service expectations of practitioners, and is essential in the complex world of healthcare.

Within the various definitions of clinical supervision, Bond & Holland (1998) offer the 'what' as well as the 'why' for clinical supervision, and capture the aims of what was attempted in this article:

"Clinical supervision is regular, protected time out to reflect on practice, in which the supervisee can develop high-quality practice through the means of focused support and development." (Bond & Holland 1998)

This type of supervision differs from more managerial types of supervision previously outlined, in that the process is supervisee-led and more supportive in nature. We will describe a 'one to one' form of clinical supervision, but acknowledge that no one system of clinical supervision will 'fit all' and different schemes may need developing in accordance with local needs.

THE FUNCTIONS OF CLINICAL SUPERVISION

Brigid Proctor's (1986) Interactive Model of Clinical Supervision offers a starting point for anybody thinking of getting started in clinical supervision (see figure 1). The three functions of clinical supervision mainly relate to the role of the clinical supervisor, but offer at least three different ways of viewing what could be spoken about as a supervisee (see figure 2).

Figure 1

FORMATIVE FUNCTION (Learning) – clinical supervision concerned with developing the skills, abilities and understandings of the supervisee/practitioner through reflective practice
RESTORATIVE FUNCTION (Support) – clinical supervision concerned with how the supervisee/practitioner responds emotionally to the stresses of working in a caring environment
NORMATIVE (Accountability) – clinical supervision concerned with maintaining and ensuring the effectiveness of the supervisee/practitioner's everyday caring work

Masthead pictures of Macmillan professionals (l-r): Sara Lovell, Steve Edwards, Yvonne True, Petrea Fagan, Tom Mulligan, Damyanti Patel

ARCHANA SOOD
The Supervisee Perspective

Archana trained as a therapy radiographer at St Thomas' Hospital, London. She completed her degree in 1992 and went on to work at Oldchurch Hospital in Romford. She has been a Macmillan Radiographer since 1999 at Barking, Havering and Redbridge Hospitals NHS Trust.

JOHN DRISCOLL
The Supervisor Perspective

John Driscoll has been involved with clinical supervision in the NHS for over a decade, and has facilitated many organisations to successfully implement workable schemes.

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FROM AN EARLY STAGE IN CLINICAL SUPERVISION IT WAS SUGGESTED THAT I TRY TO USE THE TERM 'I' IN THE CONVERSATIONS, RATHER THAN 'THEY' OR 'WE'

REFLECTING ON PRACTICE

Having a working knowledge of the functions of clinical supervision does at least set out the possibilities for sessions, and is demonstrated later in the article when reflecting on our realities of clinical supervision.

GETTING STARTED

Archana – The Supervisee Perspective

As a newly funded employee, I came across clinical supervision for the first time in my Macmillan Postholder Handbook, which stated that it was a form of professional review enabling nurses (not radiographers) to regularly reflect on their work and a way of developing their role.

I thought it would be a good idea to get some formalised support, not realising that it would be with a person from a different discipline to my own.

I had heard the Trust was active with clinical supervision, but after asking around I found that all the supervisors were mainly from a nursing background. A colleague suggested I contact John, who was facilitating programmes as an external consultant and had quite a lot of experience. It took me a month to make that phone call, mostly because I felt I was going into unknown territory but also because my potential supervisor was a complete stranger.

> To have some dedicated 'time out for me' was different

John – The Supervisor Perspective

When I got the call from Archana I was initially surprised, and wondered how she had heard of me – although I had got agreement to be able to practise as a clinical supervisor while I was contracted with the Trust. Although the Trust was very proactive with nursing staff and had published guidelines, it was mainly geared up for qualified nurses, although some physiotherapists and occupational therapists had attended the Trust programmes. I did not have experience of working with a Macmillan radiographer but thought it an opportunity for both of us.

We met for what I call a 'pre-contractual meeting' over a coffee to discuss the possibilities, because I believe it is important not to push somebody into something they do not wish to do. I also needed to acknowledge my own limitations.

AGREEING WHAT WAS TO HAPPEN

John – The Supervisor Perspective

Although the pre-contractual meeting was intended to find out a bit about each other and what we knew about our differing roles and clinical supervision generally, a formal agreement was made – in other words, in that first meeting we developed enough of a rapport to get started in clinical supervision.

Getting a negotiated agreement (Box 1) between both parties before beginning clinical supervision is one of the most essential ingredients underpinning the supervisory relationship (Driscoll 2000).

At the end of the first meeting I gave Archana some reading materials and a website to visit (www.clinical-supervision.com). In return, I found out more about the role of the Macmillan radiographer and her potential needs. Archana also left with some reflective documentation she could adapt for future sessions (Box 2).

Archana – The Supervisee Perspective

I suspect that for most people working within the health service (myself included), it is often about 'giving' of oneself or being 'of service' to others. So to have some dedicated 'time out for me' on a regular basis was different, and I have to admit that reflecting on practice with someone else was not always easy.

Initially I tried to talk in general terms about clinical practice, clients and others who I have worked with, and from an early stage in clinical supervision it was suggested that I try to use the term 'I' in the conversations, rather than 'they' or 'we'.

The documentation John uses was helpful in giving me some structure to the session. He used to refer to his reflective framework (Driscoll 2000) as an 'idiot's guide' just to get me started on being more reflective, and I am now aware that there are a number of other reflective tools and frameworks that can be used. In this respect, I wasn't only introduced to clinical supervision but was also beginning to purposefully reflect on my practice.

CONVINCING OTHERS ABOUT THE IMPORTANCE OF CLINICAL SUPERVISION WHEN I WAS NOT VERY SURE ABOUT IT WAS CHALLENGING

THE IMPORTANCE OF THE LEARNING PROCESS

An important aspect of clinical supervision was to find a place where you can sit without being interrupted and negotiate protected time. Convincing others about the importance of clinical supervision when I was not very sure about it was challenging, but so was my decision to have a supervisor with no experience of the work I did.

WHAT HAPPENED IN CLINICAL SUPERVISION

Archana – The Supervisee Perspective

One of the most significant sessions (because the theme emerged several times) was how I had worked with individuals and their families with cancer BEFORE I, too, became one of those family members and a carer and had to live the experience my patients/clients often presented to me in my work.

Although difficult to work through in clinical supervision, I really feel I more fully understand the needs of my patients/clients now. Of course, this may have happened even without clinical supervision, but perhaps I would not have wished to explore some of my feelings with the intention of my own practice-based learning, preferring just to 'survive' the experience.

John – The Superviser Perspective

I saw the whole situation as a potential learning opportunity. I believe that the effects of clinical supervision are not some form of magic, yet being interested enough in a practitioner and facilitating their reflection on practice with the intention of enhancing that practice can have a magical effect.

With Archana, I had to work a bit harder to find out about her practice domain if I was to meet my intention of being able to offer an experience she might replicate to others – or at the very least would disseminate to others and open up the debate. It will be interesting to find out how others now view her practice, having completed one year of clinical supervision and with an appraisal imminent.

CONCLUSION

This article aimed to demystify clinical supervision based on personal experiences. It is anticipated sharing our practice will raise awareness and debate for clinical supervision being part of everyday practice for Macmillan radiographers, as it is for other health professional colleagues.

References Bond, M. & Holland, S. (1998) Skills of Clinical Supervision for Nurses, Open University Press, Milton Keynes, UK. DOH (2001) Working Together – Learning Together, A Framework for Lifelong Learning for the NHS, Department of Health, London, UK. DOH (2000a) Meeting the Challenge: A Strategy for the Allied Health Professions, Department of Health, London, UK. DOH (2000b) Improving Working Lives Standard, Department of Health, London, UK. Driscoll, J.J. (2000) Practising Clinical Supervision: A Reflective Approach, Bailliere Tindall (in association with the RCN), Harcourt, London. Proctor, B. Supervision: A Co-operative Exercise in Accountability. Marken, M & Payne, M. (eds.)(1986) Enabling and Ensuring - supervision in practice, National Youth Bureau, Council for Education and Training in Youth and Community Work, Leicester, UK.

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John Driscoll, Continuing Professional Development Consultant, Admiral Professional Development
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Figure 2

SUMMARY OF PROCTOR'S FUNCTIONS IN RELATION TO OUR CLINICAL SUPERVISION SESSIONS

FORMATIVE FUNCTION (Learning)

- How to be a supervisee and get the most from sessions
- Articulating what clinical supervision is to others
- Writing as well as talking about practice
- Using a structured framework to help with reflection on practice
- Being more assertive in practice
- Use of own experiential learning to develop further knowledge about being a carer within a family and increased awareness of patient/client needs
- The importance of networking in a post that is often isolated from immediate peers (i.e. other Macmillan radiographers)
- Development of a deeper insight of the impact of self on others at work

RESTORATIVE FUNCTION (Support)

- The dangers of becoming too involved with caseloads to see objectively
- Personal feelings that can surface from everyday working with the patient/client and their family
- Personal effects of trying to be all things to all people in the caring situation
- The need to recognise as well as establish a support network in the immediate work environment to survive the stresses and strains of working in oncology
- Giving oneself (and actively seeking) permission to take time out on a regular basis to reflect on practice with someone outside of practice

NORMATIVE (Accountability)

- Examining how a 'small fish' swims in a big pond
- Roles and responsibilities in practice
- Clarification of role boundaries in practice
- Establishing the legitimacy of clinical supervision by 'finding the time' in busy practice
- Less defensive and more open about strengths and limitations in own practice
- Questioning own leadership potential

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WHAT TO EXPECT

The Clinical Supervision Agreement and reflexive documentation

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BOX 1: CLINICAL SUPERVISION AGREEMENT

Supervisee: Archana Sood
Supervisor: John Driscoll
Date agreement reached: 29 July 2002
Review date for evaluation of sessions: December 2002
Frequency/Duration of meetings: 1 hour monthly (for review)
Venue: Radiotherapy Day Care Unit

WHAT THE SUPERVISEE EXPECTS FROM CLINICAL SUPERVISION:
- expects to be challenged and supported within my clinical practice
- help with my career development
- the experience of CS to be evaluated with a view to publication
- needs to be action based to be effective

WHAT THE CLINICAL SUPERVISOR EXPECTS FROM THE SESSIONS:
- commitment to regular sessions as agreed
- as far as possible, for both parties to be on time and end sessions promptly
- that the supervisee will phone or email to cancel or if arriving late
- supervisee to maintain and develop own supervisory documentation
- for the supervisee to be willing to accept feedback on performance
- feedback to supervisor where necessary – for example, least and bests

MAINTAINING CONFIDENTIALITY:
- no use of actual names or departments when discussing work issues
- no gossiping about agenda items outside the session, particularly regarding sensitive issues
- each person is accountable to each other for maintaining session confidentiality
- all notes are private and confidential and will be maintained and kept by the supervisee

SUPERVISEE SIGNATURE: A.Sood
SUPERVISOR SIGNATURE: J.Driscoll
DATE: 29th July 2002

BOX 2: REFLECTIVE DOCUMENTATION

SUMMARY OF SUPERVISEE ISSUE / PROBLEM / CONCERN:

Issue: (WHAT?)

Why this is important: (SO WHAT?)

How the supervisor helped:

Action Points: (NOW WHAT?)

What I liked least about the session today:

What I liked best about the session today:

Main learning for me today:

NEXT SESSION:

HAVE YOUR SAY

At present Macmillan Cancer Relief does not fund clinical supervision through the educational grants scheme, rather the responsibility lies with the trust or the employing body. The Department of Education, Development and Support would be interested to know your views on this policy. Email: macvoice@macmillan.org.uk

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