

From Maverick to Master: Improving outcomes with effective clinical supervision

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Types/functions of supervision

- Professional/personal development – CPD, ID learning and development needs
- Practice/clinical – relating to the casework (our clients), using reflection to improve practice
- Operational/managerial - appraisal

Functions

Formal supervision should cover the following four 'C' functions in a reflective manner:

- Case-work: Decision-making and reflection
 - Caseload: Workload management
 - Career: Professional development
 - Care: Line management and organisational accountability
- Care of the individual

Taken from Croydon Social Work Document on reflective supervision

Models of supervision

A number of different models of clinical supervision exist. These are conceptual frameworks that can guide practitioners and supervisors through the clinical supervision process.

As examples:

Proctor's three-function model (Proctor 1987)

Johns reflective model (1993)

Nicklin's practice-centred model (1997)

Resilience-Based Clinical Supervision (RBCS)

Morrisons 4x4x4 functions of supervision/supervision model (2005)

Morrison's (2005) 4x4x4 Functions

The four key interdependent functions of supervision:

Management – Ensuring competent/accountable practice and performance

Development – Facilitating continuous professional development

Support – Providing personal and emotional support to workers

Mediation – The relationship with the organisation

The four stages of the supervision cycle:

1. Experience – engaging and observing – the story of what happened?

2. Reflection – investigating and experience – what was it like?

3. Analysis – seeking to understand – what does this mean for the client?

4. Action plans – preparing for action – what next?

Morrison, T. (2005) Staff Supervision in Social Care Brighton: Pavilion

Morrison's 4x4x4 Functions



Value of effective supervision



Take some time to think about what clinical (case) supervision means to you, in your own work life and within your team or organisation.

What is the purpose for you? What do you think it achieves?

Value of effective supervision

Research demonstrates:

- Impact on client
- Impact on you personally
- Impact on quality of your practice/the service the client receives

Benefit to practice

Some of the key benefits of clinical supervision include:

- Improved client input through increased knowledge and skills
- Increased confidence and decisive action
- Safer input/risk management
- Wider knowledge and awareness of potential solutions to clinical problems
- Development and CPD



Benefits to clients

This review of 17 studies found: “*Clinical supervision of health professionals is associated with effectiveness of care.*”

The review found significant improvement in the process of care which may improve compliance with processes that are associated with enhanced patient health outcomes.

When provided to mental health professionals clinical supervision may be associated with a reduction in psychological symptoms of patients diagnosed with a mental illness.

There was no association found between clinical supervision and the patient experience.

Snowdon et al. BMC Health Services Research (2017) 17:786 DOI 10.1186/s12913-017-2739-5

National Clinical Standards

Contemporary definitions of “*quality of care*” include three components:

- care that is clinically effective
- care that is safe and
- care that provides a positive experience for patients

National Health Service. High quality of care for all: NHS next stage review final report. Norwich: National Health Service; 2008.

Benefits to you

From a review of 32 studies:

- Synthesised finding 1: Adequate clinical supervision mitigates the risk of burnout and facilitates staff retention, while inadequate clinical supervision can lead to stress and burnout.
- Synthesised finding 2: Clinical supervision improves the work environment through boosting of staff morale, motivation to work, staff well-being and team relationships.
- And an effective supervisor boosts job satisfaction

Martin P, Lizarondo L, Kumar S, Snowdon D (2021) Impact of clinical supervision on healthcare organisational outcomes: A mixed methods systematic review. PLOS ONE 16(11): e0260156. <https://doi.org/10.1371/journal.pone.0260156>

Unsupervised practice

No supervision:

- insufficiently trained staff
- therapist drift
- poor professional regulation
- variability in the way that case management is delivered.



The Characteristics of Effective Supervision



HCPC commissioned research: The characteristics of effective clinical and peer supervision in the workplace: a rapid evidence review (2019). Dr Charlotte Rothwell & Dr Amelia Kehoe Dr Sophia Farook Prof Jan Illing.

The search identified 15922 papers, which were screened using a set criteria. Following removal of the duplicates and exclusions, 809 full papers were read, leaving 135 full papers included in the review.

The review used the following definition for clinical supervision:

“This relationship is evaluative, extends over time and has the simultaneous purposes of enhancing the professional functioning of the more junior person and monitoring the quality of the professional services.” (p.8)(1)

The review used the following definition for peer supervision:

“Supervision and consultation in individual or group format, for the purposes of professional development and support in practice...includes a critically reflective focus on the practitioner’s own practice.” (p.7)(2)



Promoting Supervision

A review of the literature on clinical supervision from 2009-2019

Enablers for effective supervision identified included:

- regular supervision
- occurs within protected time
- in a private space
- delivered flexibly

Additional enablers included

- supervisees being offered a choice of supervisor
- supervision based on mutual trust and a positive relationship
- a cultural understanding between supervisor and supervisee
- a shared understanding of the purpose of supervision, based on individual needs, focused on enhancing knowledge and skills

Rothwell C, Kehoe A, Farook SF, et al. Enablers and barriers to effective clinical supervision in the workplace: a rapid evidence review. *BMJ Open* 2021;11:e052929. doi:10.1136/bmjopen-2021-052929

Barriers to effective supervision

Barriers included

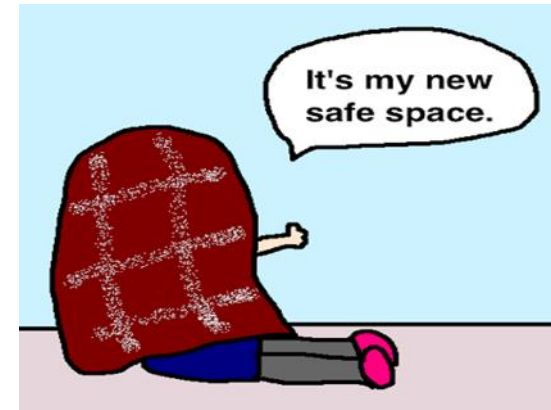
- A lack of time, space and trust
- A lack of shared understanding to the purpose of the supervision
- A lack of ongoing support and engagement from leadership and organisations



Barriers/Engagement

Case Managers may object to engaging in supervision:

- Many act as self-employed – a cost implication
- Feels restrictive on their professional independence
- Time consuming/too busy
- Divisive – adding another opinion
- Demeaning
- and sometimes self-awareness



“I don’t need it right now as I don’t have any issues”

Who can supervise?

Effective supervisors are those who have the required clinical and expert knowledge to assist supervisees in their work, provide emotional support and who have the qualities to develop positive working relationships.

Supervisors need to continually update their expert clinical and practice knowledge and their clinical intervention skills for the specific populations of people with whom their supervisees are working.

“Narrative summary of the evidence review on the supervision of social workers and social care workers in a range of settings including integrated settings”
SCIE (Social Care Institute for Excellence)

Effective Supervisors

Driscoll suggests among other things key attributes of effective supervisors are:

- An ability to work collaboratively
- Integrity
- Honesty
- Sensitivity
- Self awareness
- Credibility
- A sense of humour

Cassedy, four conditions:

- Empathy (feel with the other)
- Genuineness (congruence)
- Acceptance (warmth)
- Unconditional +ve regard (respect)



Driscoll (2000) Practising Clinical Supervision: a reflective approach

Cassedy P (2010) First steps in clinical supervision: a guide for healthcare professionals. Maidenhead: Open University Press.

Practicalities

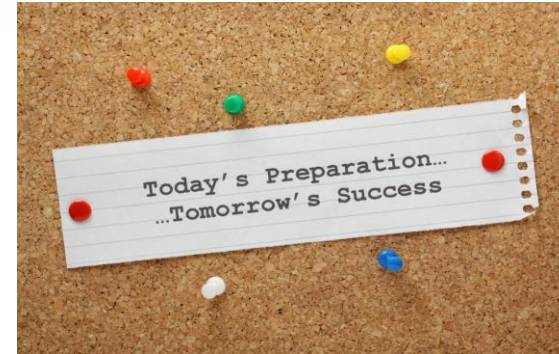
There are some practicalities to consider when implementing clinical supervision, and it is important that the supervisor and supervisee agree:

- the aim of clinical supervision and the process used
- the expectations from the supervisor and supervisee roles.
- *how* clinical supervision is implemented and delivered:

You may wish to consider a contract/agreement and a policy to do this



Preparation



- Enables the reflective process to begin prior to the session, promoting the best use of time.
- Helps the session become more powerful in relation to the outcome possibilities and depth of reflection.
- Increases the likelihood of the session feeling useful and worthwhile and so improves motivation.
- Models and communicates a high level of commitment.

Record keeping

Keeping records from clinical supervision sessions can help you to:

- Revisit your discussions, reflections and action points over time.
- Provide evidence that you have participated in clinical supervision.
- Document any agreement to take anything out of a session.

You need to agree how this will be done and how the record will then be used



Evaluating your supervision

- Client outcome/Clinical effectiveness of your supervisee
- Client safety
- Supervisee evaluation questionnaire
- Supervisee development/learning
- Do supervisees apply what they have discussed in supervision into practice?
- Supervisor – supervisee interactions: Resistance; Collusion.
- Participation/completion of supervision
- In line with effective supervision:
 - Is it happening regularly?
 - Is staff burnout reduced?
 - Staff morale
 - Staff turnover
 - Staff clear on the purpose of supervision
 - Specific time allocated and protected



Supervision in practice

DISCUSSION



Goal setting



Perspective
of CM impacting case



Approach



Identify
barriers to progress

ACTION

ID all active goals
Ensure SMART

Review previous cases
Reflect on personal experience

Explore all strategies and make
a choice

Discuss, analyse and agree
actions

OUTCOME

CM input has direction
Client makes progress

CM is able to step back and
see clearly to take action

Clinical rationale is clear
Reasonable approach taken

Client makes progress
CM is re-focussed

Supervision in practice

 Mirroring	Analyse input and behaviours Tease out causation	CM can now support client to make progress
 Frustration With others	Discuss and provide additional perspectives	Improved understanding of others and improved working relationships – client moves on
 Client At the centre of input	Review client needs and values	CM is focused on meeting client needs
 Evidencing	Review available documentation Set actions from supervision	CM input is documented and all actions captured
 Missing What is CM not saying?	Review narrative, identify gaps, address what is missing	All areas of client need addressed

Personal experience

“We can have very complex and challenging clients and their circumstances and sometimes you need to sound out ideas with a colleague. Particularly as we are often remote working so we don't have the benefits of always sitting next to a colleague and having someone to ask during the working day.”

“I think supervision is important for any level of experience - other people always contribute a different aspect and its all part of your improvement and progression.”

“From my perspective supervision is great it allows me to review my practice and learn where I may need to improve the management of cases. It allows me to reflect on how I am supporting clients both from positive and negative aspects.”

Personal experience

“It is a safe space to share issues and ideas and I believe it is very much a two way process very supportive, constructive and it allows me to move my clients forward.”

“It is a great way of tracking my clients’ progress.”

“There have been cases such as xx where I felt challenged but through supervision I was able to deal with the challenges and support the client more effectively.”

“I love supervision because we can’t always get everything right or know everything.”

Definition



While there is no single or agreed definition of supervision, at its core, supervision is a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills, and competence, through agreed and regular support with another professional. (HCPC Definition)

The BABICM framework is written with the understanding that all practicing case managers will have a clinical supervisor. BABICM recognises that supervision being received by practising case managers forms part of best practice; that this represents ethical and professional practice. (BABICM Website)

The College of Occupational Therapists has a document with a useful review of supporting statements: “Supervision: Guidance for Occupational Therapists and their Managers” (2015)

Maverick



It might feel cool,
but never forget...
Goose died!



To Master

“... psychologists are often keen to offer support through clinical supervision, but it is likely to be through their own professional and educational frames of reference, not those of the nurses they seek to support. Nonetheless, it may be better than having no support at all.”

Butterworth T (2022) What is clinical supervision and how can it be delivered in practice?
Nursing Times [online]; 118: 2, 20-22.





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