## Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Recording your learning</td>
<td>3</td>
</tr>
<tr>
<td>Intended outcomes</td>
<td>3</td>
</tr>
<tr>
<td>Active listening</td>
<td>4</td>
</tr>
<tr>
<td>Transactional analysis</td>
<td>5</td>
</tr>
<tr>
<td>Outcome focus conversations</td>
<td>6</td>
</tr>
<tr>
<td>Appreciative practice and strengths-based approach</td>
<td>7</td>
</tr>
<tr>
<td>Appreciative practice</td>
<td>8</td>
</tr>
<tr>
<td>Solution-focussed coaching</td>
<td>8</td>
</tr>
<tr>
<td>Problem-focused questioning verses solution-focused questioning</td>
<td>9</td>
</tr>
<tr>
<td>Motivational Interviewing</td>
<td>9</td>
</tr>
<tr>
<td>Emotional containment</td>
<td>10</td>
</tr>
<tr>
<td>Group supervision</td>
<td>10</td>
</tr>
<tr>
<td>Difficult conversations</td>
<td>10</td>
</tr>
<tr>
<td>Unit 3: Summary</td>
<td>11</td>
</tr>
<tr>
<td>References</td>
<td>12</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>13</td>
</tr>
</tbody>
</table>
Unit 3: Introduction

This unit is for:
Midwives preparing to facilitate the new approach to clinical supervision (supervisor).

Supervisors are expected to complete Units 1-4 prior to participation in the facilitated workshops.

The aim of the facilitated workshops is to provide experiential learning through application of the theory covered in these units. It is essential you have the underpinning knowledge in order to participate fully in the workshop activities.

Activities marked with this symbol will be explored in more depth during the workshops and you should record your responses in a portfolio of evidence. Inclusion criteria for a portfolio of evidence for supervisors can be found here.
Recording your learning

NHS Education for Scotland ePortfolio can help you keep evidence of learning for your portfolio of evidence and can also be used for NMC revalidation, KSF review or for your own reference. Log in or register using the link:

https://turasnmpорtfolio.nes.nhs.scot/

If you prefer not to use an electronic portfolio, useful templates can also be found here.

Unit 1 provided an introduction to clinical supervision; what it is, the purpose, processes and potential benefits.

Unit 2 focuses on the process of clinical supervision; the models and frameworks you can use to help structure your practice.

This unit presents information relating to the skills that are used to facilitate clinical supervision in more detail, including theories, approaches, skills and techniques for effectively facilitating reflective practice with supervisees.

Unit 4 aims to develop your knowledge in relation to your leadership role as a clinical supervisor in promoting professionalism and person centred, safe and effective care.

This unit will take approximately 1.5 hours to work through and introduce you to:

- active Listening
- transactional Analysis
- outcomes-focussed conversations
- appreciative practice
- assets/ strengths-based approach
- solution-focus coaching
- motivational interviewing
- emotional containment
- facilitating groups
- managing difficult conversations

Intended outcomes

Supervisors will be able to:

- Effectively adapt and structure supervision to group and individual settings as required.
Use effective facilitation strategies to help supervisees reflect on their clinical work and own development.

Confidently ensure supervisory boundaries are established and maintained. Provide support to supervisee’s that enhances their health and wellbeing.

**Active listening**

As practitioners, listening is an important part of our job so most of us consider it something we are good at. However, this general evaluation can be different to the realities of working in a busy and demanding environment when often we may only be partially listening. Partial listening can occur when we, often unknowingly, apply filters to the conversation, seeking out only the information we consider relevant. A typical example of this is where there are data requirements – such as assessment documentation, particularly when operating under time pressures – we may filter what the person says to find the information we require rather than really listen. These same filters can apply during conversations with supervisees if we try to problem solve, seek solutions or explanations before we have first truly listened to understand their experience.

The "Be aware" warning that it is possible to learn and mimic non-verbal signs of active listening but not actually be listening at all, is important. Sometimes you may find you are concentrating so much on giving the appropriate non-verbal responses that it distracts from your ability to listen!

One way to help overcome this is to be genuine in your interest and attempts to understand, as described by Rogers (1957). Withholding judgement and not using assumptions in our thought processes while we try to develop an understanding of another’s perspective requires effort and energy as our brains are designed to do both these functions subconsciously.

The theory of experiential learning applies to all of us in everyday life and we use these experiences to shape our understanding of how the world works and our ability to survive and thrive in our environment. However, since our sequence of experiences and interpretation of them are unique to each of us, we must try to suspend our instinctive thinking patterns in order to be open to genuinely hear those of another and not assume that our own interpretation is the only and correct one. Suspending judgements and assumptions in this way enables supervisors to be more aware of those of the supervisee and to expose and explore these in the following stage of the supervision process.

Read the information on Active Listening in the following links:
Next time you are participating in a conversation with someone either at home or at work, about an experience they have had, try and be aware of how often you make a judgement or assumption when you are listening to their description. Notice how often you consider what you would have done or how you would have reacted or what explanations you assume led to the event.

**Transactional analysis**

Having an understanding of different ego states (Berne, 2010) people adopt in interactions can help you to develop your ability to effectively manage conversations that you feel are challenging and assist others to explore their interactions and responses to others.

Use the links below to develop your understanding of ego states and Transactional Analysis:

- This short video provides an overview of ego states and basic transactions.
- This link to the Counselling Directory provides an explanation of Transactional Analysis.

You can learn more about how the way thinking patterns affects behaviours by watching this short video providing an overview Daniel Kahneman’s Thinking, Fast and Slow (2012)

This video offers 4 key tips on how to improve your listening skills.
Outcomes focused conversations

"Taking an outcomes approach means engaging with the person and significant others to find out what matters to them, what they hope for and what they want to be different in their lives. This approach involves thinking about what role the person themselves might play in achieving their outcomes..."

(Miller, 2011)

In order to meet the increasing demands and reduce pressures on our services this approach is being introduced and embedded in practice. However, the approach can also be adopted to frame interactions between healthcare workers. You may find this particularly useful to consider when establishing a contract or focus for a session.

Beliefs which support an outcomes approach are that people:

- are inherently resourceful, motivated, aspiring and capable of change
- will thrive in an environment where they experience control, autonomy
- respond well to approaches which focus on strengths and assets
- with the right support, can access both internal and external resources and feel empowered to make the best of life circumstances

(Joint Improvement Team, 2014)

Read the paper in this link on Good conversations: Assessment and planning as the building blocks of an outcomes approach.

(Miller, 2011)

Think about how you can adopt this approach with supervisees.

Further reading in relation to personal outcomes approach can be found here.
Appreciative practice and strengths-based approach

These approaches focus on what is being done well and then aim to build on that. Instead of asking "what's wrong?", the question would be "what's good?", "what's working well?". The aim is to increase motivation and ability to manage problems by appreciating the positive, valuing strengths and resources, and envisioning what might be.

Rapp et al (2008) propose six standards for judging what constitutes a strengths-based approach. The standards include:

1. **Goal orientation**: Strengths-based practice is goal oriented. The central and most crucial element of any approach is the extent to which people themselves set goals they would like to achieve in their lives.

2. **Strengths assessment**: The primary focus is not on problems or deficits, and the individual is supported to recognise the inherent resources they have at their disposal which they can use to counteract any difficulty or condition.

3. **Resources from the environment**: Strengths proponents believe that in every environment there are individuals, associations, groups and institutions who have something to give, that others may find useful, and that it may be the practitioner's role to enable links to these resources.

4. **Explicit methods are used for identifying client and environmental strengths for goal attainment**: These methods will be different for each of the strengths-based approaches. For example, in solution-focused therapy clients will be assisted to set goals before the identification of strengths, whilst in strengths-based case management, individuals will go through a specific "strengths assessment”.

5. **The relationship is hope-inducing**: A strengths-based approach aims to increase the hopefulness of the client. Further, hope can be realised through strengthened relationships with people, communities and culture.

6. **Meaningful choice**: Strengths proponents highlight a collaborative stance where people are experts in their own lives and the practitioner’s role is to increase and explain choices and encourage people to make their own decisions and informed choices.

Using the standards outlined above reflect on your clinical, and if you have any, supervision practice and consider if you already use some or all of this approach.
Appreciative practice

Use the following links to develop your understanding of practice based on an appreciative enquiry approach:

Read the information in this link on change and appreciative enquiry.

Watch this short video on the influence of appreciative enquiry.

Solution-focused coaching

This approach focuses on helping people move forward through a process of constructing solutions instead of attempting to understand problems. It parts from traditional problem solving approaches in that it does not require detailed assessment, diagnosis, problem formulation and set resolution plans but instead seeks to identify the supervisee’s own solutions.

It is underpinned by the following assumptions:

- The supervisee has all the necessary resources to change.
- The supervisor’s job is to identify and amplify useful change.
- There is no right way of looking at things differently.
- The supervisor does not have to spend a huge amount of time in understanding the supervisees issue in great detail. Rather it is the supervisor’s job to ask good open questions in order to help the supervisee reflect on and become more aware of the issues.
- The supervisor’s role is to explore the things are going well rather than things are not going well.
- Small changes in the correct direction can be amplified to great effect. Big changes are harder to implement. The (solution-focus) SF approach stresses the importance of recognising and encouraging small steps that are going in the right direction.
- It is important to stay solution focused not solution forced.
- Use the "miracle" idea of appreciative practice.

In a solution-focused approach it is not necessary to delve into the roots of the problem in detail, but on the supervisees own solutions.

This is achieved with a number of steps:

1. Finding the platform: what are we here to do today?
2. Counters: What do we have to help us overcome the issue.
3. Scaling: Where are they on a scale of 1-10?, where would they like to be?, what would it look like if they were closer to their goal what small steps can we make to get there, provide positive affirmations, before perhaps asking them to try different solutions before next session.
Problem-focused questioning verses solution-focused questioning

It’s important to ask positive questions as this will encourage and provide more energy to the clinical supervision session and the supervisees. It will enable them to think positively about their strengths.

<table>
<thead>
<tr>
<th>Problem Focused questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What’s wrong with what you’re currently doing?</td>
</tr>
<tr>
<td>Why are you doing badly?</td>
</tr>
<tr>
<td>What’s the main reason for your difficulty?</td>
</tr>
<tr>
<td>Whose fault is it?</td>
</tr>
<tr>
<td>What other things make it so hard to improve?</td>
</tr>
<tr>
<td>Why will it be difficult for you to get any improvement?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Solution-focused questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it you’d like to be better at?</td>
</tr>
<tr>
<td>What are you aiming to achieve?</td>
</tr>
<tr>
<td>How will you know you have achieved it?</td>
</tr>
<tr>
<td>What was the best you have ever been at this?</td>
</tr>
<tr>
<td>What went well on that occasion?</td>
</tr>
<tr>
<td>What will be the first signs that things are getting better?</td>
</tr>
<tr>
<td>How will others notice the improvement?</td>
</tr>
</tbody>
</table>

Motivational interviewing

Motivational interviewing (MI) shares many of the techniques and tools that have already been introduced in the previous approaches. You will by now have realised that there is a great deal of overlap between all of the approaches and hopefully are beginning to see how you can be flexible in your use depending on the situation.

"...a collaborative, person-centred form of guiding to elicit and strengthen motivation for change."
(Miller and Rollnick, 2009)
Emotional containment

Emotional containment in supervision refers to the supervisor’s ability to recognise and support the supervisee to process their anxieties/ fears or negative emotions relating to their work. Our bodies’ biological stress response occurs when we perceive ourselves to be under threat and can disrupt our ability to think clearly and constructively (Wallbank, 2016).

The concept of containment extends from the work of Bion (1984 cited in Ruch 2007), who argues that children require a consistent secure base to return to when experiencing a strong emotional reaction. If an appropriate acknowledgment and response is not experienced, the child is overwhelmed with unresolved feelings and unable to manage emotional reactions.

Containment and "holding" through supervision is the use of basic coaching skills to promote an environment of safety and security within a supportive professional relationship (Ruch, 2007). Containing emotions in this way enables supervisees to move into a more useful way of thinking and explore their experiences in order to understand what they are contributing to a problem, which parts of the problem do not belong to them, and how they can take action going forward (Wallbank, 2016).
This unit has presented a significant amount of information, some of which may have been familiar in concept if not in exact approach. It will take time for you to develop the skill and confidence to use these in practice but knowledge is the first step on that road.

Developing your skills in using and moving between these approaches with supervisees is an ongoing journey rather than a destination. As you build on your experience and use feedback and reflection on the sessions you facilitate, you will gradually equip your toolbox with an assortment of skills, tools and techniques you can call on whenever the situation demands.
References:


Miller E (2011) Good conversations: Assessment and planning as the building blocks of an outcomes approach. Available at:


Last accessed 16.03.17
Acknowledgements

NHS Education for Scotland would like to thank Helen and Douglas House for kindly granting permission to use extensive content from the Clinical Supervision Toolkit (2014) in the development of this unit.

NHS Education for Scotland would also like to thank: members of the Transitioning Midwifery Supervision Taskforce group Scotland, under the leadership of Ann Holmes, for their expertise and preparation work that helped in the development of this resource; Marion McPhillips, Lesley O'Donnell, Amy Piper, and Dorothy-Ann Timoney for agreeing to take part in the filming and for sharing their expertise in restorative supervision and Alison Knights and Kevin Allen for the excellent work on the production of the videos.

Special thanks to everyone on the editorial group and graphic design who gave their time and shared their expertise and experiences.

Editorial Group:

Susan Key
Programme Director (NMAHP), NHS Education for Scotland

Helene Marshall
Education Project Manager (NMAHP), NHS Education for Scotland

Anne Moffat
Practice Educator (NMAHP), NHS Education for Scotland

Suzanne Lake
Practice Educator (NMAHP), NHS Education for Scotland

Alison Connolly
Administrative Assistant, NHS Education for Scotland

Gail Norris
Lead Midwife for Education, Edinburgh Napier University

Hilary Patrick
Lead Midwife for Education, University West of Scotland

Elizabeth Treasure
Lead Midwife for Education, Robert Gordon University

Aileen Lawrie
Head of Midwifery, NHS Fife.

Alison Knights
Consultant Clinical Psychologist, Family Nurse Partnership

Maria Anderson
Practice Facilitator, (NMAHP), NHS Education for Scotland

Graphic Design and IT development:

Kevin Allen
Graphic Design Officer, NHS Education for Scotland