This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on 0131 656 3200 or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.

© NHS Education for Scotland 2017

You can copy or reproduce the information in this document for use within NHSScotland and for non-commercial educational purposes.

Use of this document for commercial purposes is permitted only with the written permission of NES.
Introduction .............................................................................................. 2
Recording your learning .......................................................................... 3
Intended outcomes ................................................................................... 3
Why clinical supervision is considered important .................................. 3
Valuing the restorative component of clinical supervision ................... 4
What’s in a name? ..................................................................................... 7
What is clinical supervision and what does the process involve? ........... 9
How might clinical supervision be delivered? ....................................... 14
Barriers to engaging in clinical supervision ........................................ 16
Contracting ............................................................................................. 17
Confidentiality ........................................................................................ 18
Record keeping ....................................................................................... 19
Roles and responsibilities ...................................................................... 19

Unit 1: Summary ................................................................................... 21
References ............................................................................................. 22
Acknowledgements ................................................................................ 24
Welcome to the Clinical Supervision for Midwives learning resource. This resource is created to support midwives develop relevant knowledge and skills for participating in clinical supervision. The purpose of clinical supervision for midwives is to contribute to improved services, safe care and better outcomes for women and families, by supporting midwives to reflect on and develop their clinical midwifery practice in line with professional accountability and regulation (Scottish Government, 2017). Changes to the regulation of supervision in midwifery (NMC, 2017a) has provided the opportunity to adopt a refreshed approach in practice. This refreshed approach focuses on supporting midwives to reflect on their clinical practice to help develop resilience and good practice.
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://turasnmportfolio.nes.nhs.scot/

This unit is for:
- Midwives preparing to participate in the revised model of clinical supervision (supervisee)
- Midwives preparing to facilitate the new approach to supervision (supervisor)

Supervisors are expected to continue their learning through completion of units 2-4 prior to participation in the facilitated workshops.

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.

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

This unit will take approx 60 minutes and introduce you to:
- the importance and benefits of clinical supervision
- what clinical supervision is and what it’s not
- different ways of participating in clinical supervision
- practical considerations such as preparing, contracting, confidentiality and record keeping
- roles and responsibilities of the supervisor and supervisee

Intended outcomes

Supervisors and Supervisees take part in restorative clinical supervision with a clear understanding of:

a. the function and potential benefits
b. their role and responsibilities in maximising the effectiveness of the experience

Why clinical supervision is considered important

Most practitioners will recognise the various pressures and challenges in providing care in today’s busy, complex health and social care services. We can experience a range of emotions in our daily work in dealing with
competing demands, or at times working to the limits of our comfort or capabilities. These challenges and pressures can impact on our personal resilience and wellbeing.

For us to be able to provide compassionate, person-centred care in this increasingly complex care environment and maintain our resilience, it’s recognised that we need to take steps to ensure we care for ourselves and our colleagues. Clinical supervision is a space where we can explore the effects of our work and make sense of the feelings our work evokes.

Evidence in both past and current literature clearly recognises that well supported, valued and developed staff can contribute positively to outcomes for service users and consequently various reports, policies and strategies including Everyone Matters: 2020 Workforce Vision (Scottish Government, 2013) and Relationships, Rights Recovery (Scottish Government, 2010) highlight the need to address the support and development needs of our healthcare practitioners through the provision of and engagement with clinical supervision and reflective practice. In addition, both the NMC through the revalidation process and Health and Care Professions Council (HCPC) for re-registration, ask that practitioners demonstrate part of their continuing professional development through participation in reflective practice, which includes clinical supervision (NMC, 2017b; HCPC, 2017).

Valuing the restorative component of clinical supervision

Supervision in this context is not a method of managing the content of clinical work but one to support staff with the emotional demands of the role. It’s known that when professionals undertake complex clinical work they may experience anxiety, fear or stress. If they can process these feelings, they can focus on identifying solutions to further their own learning and development and preserve their resilience. Professionals exposed to restorative supervision are more likely to be clinically effective, less likely to be off sick and develop better workplace relationships (Wallbank and Woods, 2012). Supervision with a focus on the restorative component has been found to improve coping strategies, significantly reduce stress, burnout and compassion fatigue (Figure 1).

Figure 1 (Wallbank and Woods, 2012)
Compassion Fatigue is the negative aspect of our work as carers; of helping those who experience traumatic stress and suffering. There are two factors of Compassion Fatigue. The first concerns feelings such as exhaustion, frustration, anger and depression typical of burnout. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma. Compassion Satisfaction is the positive aspect of helping.

Clinical supervision is a structured process that requires both commitment and investment. In a busy working life, where resources are stretched, it can be very difficult to find the time and energy required to engage in clinical supervision and prioritise activities which do not directly and measurably contribute to service delivery. Some of the potential benefits of clinical supervision for you, your team and your organisation are outlined in Figure 2.

Benefits of Clinical Supervision

...for participants

The NMC identified the possible benefits of receiving effective clinical supervision as:

"Improved capacity to identify solutions to problems, increased understanding of professional issues, improved standards of patient care, opportunities to further develop skills and knowledge and enhanced understanding of own practice." (2008)

The Care Quality Commission guidance suggests:

"It can help staff to manage the personal and professional demands created by the nature of their work. This is particularly important for those who work with people who have complex and challenging needs – clinical supervision provides an environment in which they can explore their own personal and emotional reactions to their work. It can allow the member of staff to reflect on and challenge their own practice in a safe and confidential environment. They can also receive feedback on their skills that is separate from managerial considerations." (2013)

It has been argued that effective clinical supervision and the possibility for learning, development and support it provides can be protective against work related stresses. (Bishop and Sweeney, 2006; Wallbank, 2010).
### Benefits of Clinical Supervision

#### ...for teams and organisations

The benefits of recognising the support needs of staff can be seen both in the effectiveness of individual members of staff and the dynamics of teams. Providing clinical supervision can also communicate the value the organisation places on its staff members.

The possible benefits to organisations of implementing clinical supervision may include:

- improved practice from confident practitioners
- a culture in which work is valued and patients are valued
- improved recruitment and retention of staff
- increased accountability and motivation
- enhanced well-being and reduced sickness rates
- improved communication among workers
- maintenance of clinical skills and quality practice
- increased job satisfaction
- safeguarding of standards of patient care by promoting best practice

The Care Quality Commission advises:

"Clinical supervision should be valued within the context of the culture of the organisation, which is crucial in setting the tone, values and behaviours expected of individuals. It should sit alongside good practices in recruitment, induction and training to ensure that staff have the right skills, attitudes and support to provide high quality services."

"Importantly, clinical supervision has been linked to good clinical governance, by helping to support quality improvement, managing risks, and by increasing accountability." (2013)
Whether you have participated in clinical supervision in the past, or hope to in the future, it can be helpful to reflect on the reasons why we should invest our time and energy in engaging in clinical supervision.

Take some time to consider how participating in clinical supervision may benefit you personally and professionally. Consider how your participation in clinical supervision may benefit your team and organisation.

What’s in a name?

Using the term clinical supervision can be problematic. It is well documented that, for some, the term raises concerns about being watched, controlled and monitored, which can in turn lead to resistance to taking part (Cassedy, 2010). If the concept was being developed today it is likely that a different name, which more clearly highlights the supportive intention of the process, would be chosen.

Some analogies from prominent authors in the field of clinical supervision offer their perspective:

"Super-vision" – developing a super form of vision through which we can take a fresh and deeper look at our experiences in our work. (Care Quality Commission, 2013)

"Putting practice under the microscope" – taking an in-depth look at a specific aspect of our experience that has touched us in some way. (Butterworth, 1992)
Here’s a summary on what clinical supervision is and what it’s not. This table is compiled from literature sources and supervisor trainee responses.

<table>
<thead>
<tr>
<th>Clinical supervision is</th>
<th>Clinical supervision is not</th>
</tr>
</thead>
<tbody>
<tr>
<td>an exploration of the relationship between actions and feelings</td>
<td>a means of checking up on practice</td>
</tr>
<tr>
<td>a tool for professional development</td>
<td>a judgement on you or your practice</td>
</tr>
<tr>
<td>a safe place</td>
<td>an assessment</td>
</tr>
<tr>
<td>a place of learning</td>
<td>a performance management tool</td>
</tr>
<tr>
<td>supportive</td>
<td>therapy (although it may be therapeutic)</td>
</tr>
<tr>
<td>a place to share burdens of work</td>
<td>counselling or an opportunity to practice as a counsellor</td>
</tr>
<tr>
<td>a structured framework for reflection</td>
<td>controlled and delivered by managers</td>
</tr>
<tr>
<td>mutually supportive for all</td>
<td>part of the reporting process</td>
</tr>
<tr>
<td>open to questions and challenges</td>
<td>a teaching session</td>
</tr>
<tr>
<td>about listening and being heard</td>
<td>mentoring by the facilitator</td>
</tr>
<tr>
<td>inclusive</td>
<td>appraisal</td>
</tr>
<tr>
<td>affirming</td>
<td>a personal soap box</td>
</tr>
<tr>
<td>self-driven/self-owned by participants</td>
<td>a place for snooping</td>
</tr>
<tr>
<td>supportive of personal accountability</td>
<td>a place for blame</td>
</tr>
<tr>
<td></td>
<td>a place to run down other members of the team</td>
</tr>
<tr>
<td></td>
<td>a place for the facilitators’ agenda</td>
</tr>
<tr>
<td></td>
<td>a dumping ground, or place for gossiping or moaning</td>
</tr>
</tbody>
</table>
Take some time to consider what clinical supervision is, how you could use the space and what you would like to happen as a result of participating in clinical supervision.

Having done that, think about what clinical supervision is not, the things we should not use that space for and things which should not happen in that space.

List your thoughts either in your head or on paper and compare the different ideas. How does this compare with your experience of clinical supervision?

What is clinical supervision and what does the process involve?

“Reflective practice and clinical supervision are seen as approaches to enable nurses, midwives, and allied health professionals (NMAHP) to reflect on aspects or events within their practice; to examine what happened, what was good or bad about the experience, what else could have been done and what could be changed or improved in practice as a result of this learning.” (NHS Education for Scotland, 2017)

There are several "tools" that can help to translate the concept of clinical supervision into the practicalities of facilitating and participating in it. These "tools" are what the clinical supervision literature refers to as models. They describe what clinical supervision is, discuss the fundamental elements that are part of it and shape the goals and outcomes of clinical supervision. In essence, these are concerned with what is done, how and by whom in clinical supervision; the process of clinical supervision.

Proctor’s Functions of Clinical Supervision Model defines the purpose of supervision (1988 cited in Marken and Payne). The model’s focus on accountability, learning and support is aligned with the refreshed approach to the supervision of midwives.

<table>
<thead>
<tr>
<th>Normative (Accountability)</th>
<th>This component focuses on supporting individuals to develop their ability and effectiveness in their clinical role, enhancing their performance for and within the organisation. The aim is to support reflection on practice with an awareness of local policy and codes of conduct.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative (Learning)</td>
<td>Learning is also referred to as the educative component. It enables participants to learn and continually develop their professional skills, fostering insightfulness through guided reflection. It focuses on the development of skills knowledge, attitudes and understanding.</td>
</tr>
<tr>
<td>Restorative (Support)</td>
<td>This component is concerned with how participants respond emotionally to the work of caring for others. It fosters resilience through nurturing supportive relationships that offer motivation and encouragement and that can also be drawn upon in times of stress.</td>
</tr>
</tbody>
</table>
Reflect on your own experiences of clinical supervision to date.
Consider:
- whether any of the components dominated the session
- whether any of the components were absent
- whether you feel more comfortable or less comfortable with any components in relation to the others, and why this might be the case for you

Models describe five key aspects for effective clinical supervision:
1. a reflective component
2. support from a skilled facilitator
3. focus on clinical practice (including team dynamics, communication and personal coping)
4. professional development
5. improving patient treatment and care

The clinical practice and professional development components focus on supporting individuals to develop their ability and effectiveness in their clinical role, and to manage their own performance and confidence. The aim is to support reflection on practice with an awareness of local policy and codes of conduct. It enables participants to learn and continually develop their professional skills, fostering insightfulness through guided reflection. It focuses on the development of skills knowledge, attitudes and understanding:
- supports personal and professional development
- encourages and supports lifelong learning
- helps to identify further training and development needs
- supports delivery of a high standard of ethical, safe and effective care
- enhances performance

The support is also concerned with how you respond emotionally to the work of caring for others:
- supports self-care and well-being
- provides insight into our emotional responses
- enhances morale and working relationships
Page and Wosket (2001) describe the supervision process in five component parts:

- **Contract:** Establishing ground rules
- **Focus:** Deciding the priority for discussion
- **Space:** Exploration of the issue
- **Bridge:** What needs to happen now to apply the learning?
- **Review:** Evaluating the change

**How will this work?**

- What will work and what will not?
- How can we manage and adapt?

**What do we want out of this time?**

- What are our goals and expectations?
- What outcomes do we hope to achieve?

**What happened when the learning was applied?**

- Did we achieve what we wanted?
- What were the results and outcomes?

**What needs to happen to now apply the learning?**

- What steps are needed to implement the learning?
- How can we ensure its successful application?

**What happened and what can we learn from it?**

- Reviewing past experiences and insights
- Identifying lessons and improvements

Figure 3

More detailed information about the components can be found here.

"Do you find a framework helpful to maintain focus?"
There are also other tools that can be used alongside clinical supervision models; these are referred to as reflective models and frameworks. These reflective models and frameworks describe the processes that support the "task" of clinical supervision. The concept of reflection is an integral part of clinical supervision. To fully participate in clinical supervision, it is necessary to understand what reflection is and how to practice it.

Reflection, simply described, is an "activity in which people recapture their experience, think about it, mull it over and evaluate it." (Boud et al, 1985). Reflection is not a purely intellectual activity: it is a dynamic process that requires us to pay attention to the feelings evoked by an event and invites ideas about how things could be done differently.

Reflection is a powerful tool to enable learning from our experiences. Facilitated reflection is particularly effective because it:

- acts as a catalyst to think differently
- enhances motivation that may falter during every day experiences
- assists a move from anxiety into positive energy for action
- addresses the gap between actual and desirable practice
- promotes deeper and critical levels of reflection
- challenges participants to respond differently in the practice situation
- supports clinicians to act on their insights with integrity
- supports staff morale during difficult times
- enables supervisees to be heard and re-energised
One of the most commonly used reflective models within clinical supervision and one which you may be familiar with is Kolb’s Model (1984) of reflective learning.

Kolb’s model contains four elements: concrete experience, observation and reflection, the formation of abstract concepts (theory) and testing in new situations (planning).

The cyclic model suggests the learning cycle can begin at any one of the four points and should be approached as a continuous spiral.

You can find more about Kolb’s model in this short video.

As reflection is such an integral part of clinical supervision it is important to consider the skills required to enable effective reflection.

Click here learn more about reflective practice and models.
How might clinical supervision be delivered?

In addition to the overall benefits that clinical supervision can offer to participants, facilitators and managers, it is also helpful to consider how the way clinical supervision is provided influences the benefits derived from it.

Clinical supervision can be delivered in many different formats. Regardless of the mode of delivery, the five key aspects should be included for the practice to constitute as clinical supervision. Let’s recap on what these are:

1. A reflective component.
2. Support from a skilled facilitator.
3. Focus on clinical practice (including team dynamics, communication and personal coping).
4. Professional development.
5. Improving patient treatment and care.

Two common modes of delivery, as well as some possible benefits and challenges associated with them are highlighted.

<table>
<thead>
<tr>
<th>One to one</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>May be provided regularly for individuals with a single named facilitator over an extended period of time.</td>
</tr>
<tr>
<td>May include brief interventions – where a participant identifies a facilitator on an unscheduled basis, usually at point of challenge to get focused support with dealing with a particular issue.</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
</tr>
<tr>
<td>Development of trusting relationships between facilitator and participant maximising opportunity for challenge and growth.</td>
</tr>
<tr>
<td>Unscheduled sessions useful for providing more immediate support and opportunities for learning from difficult situations that arise.</td>
</tr>
<tr>
<td><strong>Challenges</strong></td>
</tr>
<tr>
<td>Expensive to deliver to large numbers of people on regular basis.</td>
</tr>
<tr>
<td>Facilitator and participant need to be appropriately matched.</td>
</tr>
<tr>
<td>Need enough identified and trained facilitators in an organisation to be able to provide an ad hoc service reliably.</td>
</tr>
</tbody>
</table>
CLINICAL SUPERVISION FOR MIDWIVES
UNIT 1: FUNDAMENTALS OF CLINICAL SUPERVISION

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Involves three or more participants.</td>
<td>Safety and trust can be built up over time in fixed groups.</td>
<td>Facilitators need to be skilled at managing group dynamics as well as the reflective process.</td>
</tr>
<tr>
<td></td>
<td>Can be provided in fixed groups of peers or colleagues operating at similar level with regular named facilitator.</td>
<td>Great potential to share knowledge and experience and learn from each other.</td>
<td>Drop-in groups can feel too unsettled and intimidating for some participants.</td>
</tr>
<tr>
<td></td>
<td>Or in fluid drop-in groups with a pool of alternating facilitators.</td>
<td>Cost effective way of providing access to regular clinical supervision.</td>
<td>Ground rules and process need to be agreed at each drop-in session which can be time consuming.</td>
</tr>
</tbody>
</table>

Individual organisations and managers will need to decide on the most appropriate and achievable way of delivering clinical supervision for their employees. It may be that a range of options are available.

It is likely that you will have your own preferences, based on several factors, including personality and any past experience of taking part in clinical supervision. Bear in mind that opting for what is comfortable may not always be where the best learning lies.

The responsibility for providing supervision rests with the designated managers within an organisation. The responsibility for getting the most out of clinical supervision rests with the individuals taking part.

Participants may be able to choose from a variety of formats including:
- group, scheduled or unscheduled such as drop-in
- 1:1, scheduled or unscheduled

Your organisation may stipulate requirements within local policy. You should document evidence of participation in clinical supervision.

Read your local policy on clinical supervision and find out what is expected within your organisation and area of work.
Barriers to engaging in clinical supervision

Hopefully if you didn’t before, you are beginning to appreciate the potential value of participating in clinical supervision. Perhaps, for you, clinical supervision is something that you have experience of and know for yourself how it supports and develops your practice.

For many people, this will not be the case. For a number of reasons people can feel, at best ambivalent about clinical supervision, and at worst, resistant to it.

You may feel that there are many things that come between you and participating in clinical supervision. Some of these things will have practical components like pressures on your time, staffing levels or the provision and availability of well facilitated clinical supervision.

Some of the things that get between you and participating in clinical supervision will be your own personal barriers. Barriers or defence strategies that you construct can get in the way of you benefiting from clinical supervision and may, in themselves, cause other difficulties for you. It can be quite a journey from a place of concern about clinical supervision, to an acceptance of the benefits of it and a commitment to participate.

Developing an understanding of how past experience of clinical supervision, whether good or bad; can affect your current willingness to take part may well help you to get the best out of what is on offer.

Preparing to participate in clinical supervision

To do clinical supervision justice it is important to do some preparation before taking part. This is the case whether you are involved in individual or group supervision.

Preparation is important because:

- It enables the reflective process to begin prior to the session, promoting the best use of time.
- It helps the session become more powerful in relation to the outcome possibilities and depth of reflection.
CLINICAL SUPERVISION FOR MIDWIVES
UNIT 1: FUNDAMENTALS OF CLINICAL SUPERVISION

- It increases the likelihood of the session feeling useful and worthwhile and so improves motivation.
- It models and communicates a high level of commitment.

Your preparation could include:
- reviewing achievements since the last session
- considering how learning from previous sessions has influenced practice
- writing a reflective account
- thinking about an event or issue to bring to supervision

What events or issues are appropriate to bring to supervision?
- case review or critical incident
- professional and ethical issues
- legal issues, including things like incident reporting, documentation
- clinical skills and decision making
- confidence and competence issues
- current events and policies related to maternity care
- leadership
- relationships with colleagues and management
- work-related stressors
- career goals
- self-care

Contracting
Depending on the policy in place in your organisation and whether you are involved in individual or group supervision you may be asked to enter into a clinical supervision contract.

Contracting for individual clinical supervision
In an individual clinical supervision situation, the contract represents a working agreement between the participant and the facilitator and in addition reflects the expectations of the organisations and professions involved (Hawkins and Shohet, 2012).

At minimum, it should outline (Cassedy, 2010):
- the purpose of the clinical supervision
- the regularity, duration and location of each session
- under what circumstance it is acceptable to cancel a clinical supervision session
how records will be kept and by whom
how confidentiality will be maintained and the circumstances under which confidentiality will be broken
how the clinical supervision will be reviewed and evaluated
how the supervisory relationship could be ended

Contracting in individual clinical supervision may also address the style and process of the clinical supervision.

**Contracting for group clinical supervision**

In group supervision contracting can be more akin to establishing ground rules. Contracts should at minimum address all the above but are likely to also include aspects that relate to whether the group is open to new members and how the process will be managed, respectful communication within the group, how topics for discussion are chosen and how time is allocated.

In drop-in group situations these ground rules need to be established at each session.

Proctor (2011) suggests that:

"Contracts and working agreements cannot ensure trusting participation. However, declaring or negotiating them is an opportunity for clarifying and amending intentions and expectations."

**Confidentiality**

Clinical supervision can feel challenging because it requires us to share of ourselves which can lead to feelings of vulnerability.

To get the best out of clinical supervision it is important to be able trust that the feelings or experiences you bring will be treated with respect and importantly confidentially.

**Confidentiality requires that what is said in the clinical supervision space stays in the room unless:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>all those involved in the session agree that a specific issue or learning points may be shared – clarity will be needed with regards to what and with whom</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>disclosure relates to harm or risk of harm to a patient or individual</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>contravention of law, professional code of conduct or local policy comes to light</td>
</tr>
</tbody>
</table>

In cases B and C the facilitator will need to make it clear to the participant(s) who will need to be informed and how.

**Guidance on the professional duty of candour can be found here.**
Record Keeping

Keeping records is a joint responsibility shared between the supervisee and supervisor. An agreement about how this will be done, by whom and how it will be stored and used should form part of your contracting for the session.

Keeping records from clinical supervision sessions can help you:
- revisit your discussions, reflections and action points over time
- provide evidence that you have participated in clinical supervision
- document and commit to any agreement to take anything out of a session

Roles and responsibilities

As a supervisee you have the responsibility for:
- asserting yourself in negotiating decisions about clinical supervision;
- considering yourself as an equal and empowering yourself to use the clinical supervision session in the most effective way
- preparing for clinical supervision sessions by identifying issues upon which you wish to reflect
- keeping a record or log of sessions attended (e.g. time, date, outcomes)
- making and following through action plans that arise from your reflection during clinical supervision
- outcomes in terms of your own development and for any actions you take in practice as a result of the sessions
- protecting the time for your clinical supervision by giving the appointments a high priority turning up punctually and arranging cover so that you will not be "on-call" during the clinical supervision session
- using the time to reflect in depth on issues affecting clinical practice and avoiding non-productive conversation
- being open to challenge and feedback, not interpreting challenges as personal attacks or discriminatory practice
- giving feedback to you supervisor about their facilitation; e.g. what is most and least helpful
You also have a right to:

- be treated with respect as an equal partner in the clinical supervision relationship
- set most of the agenda: to talk about what you want to talk about during the clinical supervision sessions, as long as the issue ultimately has some effect on the way you do your work
- confidentiality, within the professional boundaries of duty of candour. This includes records: you have the right to have no record made of personal disclosure
- protected space for the sessions: in private with no interruptions
- talk about any difficulties and vulnerable feelings, if you so wish, without being criticised or judged

As supervisor, you have a responsibility to:

- prepare for the clinical supervision session: providing a safe supportive space, ensuring no interruptions, able to be totally present in the session and aware of previous discussions
- keep confidentiality in exceptional pre-agreed circumstances
- be reliable, adhering to agreed appointments, time boundaries, clinical supervision contract
- maintain conversations within the boundaries of the professional relationship
- respectfully challenge any behaviour or values which gives you concern about the supervisees’ practice, professional development or use of clinical supervision
- identify and act appropriately regarding any unsafe, unethical or illegal practice
- share information, experiences and skills appropriately
Unit 1: Summary

You should now have an understanding of what supervision is, the purpose and benefits of participating, and your role and responsibility either as a supervisee or supervisor.

If you are a supervisee, find out from your line manager how to access and select a clinical supervisor.

If you are a supervisor you should continue your learning with units 2, 3 and 4.

"What supervision means to me"

You can obtain a completion certificate for this unit by participating in the short evaluation in the link below. Your feedback is extremely valuable in helping us to ensure this resource is useful for practitioners.

Evaluation link
References


Health and Care Professions Council (2017) Renewing your registration. Available at:

http://www.hcpc-uk.org/regrants/renew

Last accessed 23.02.17

Helen and Douglas House (2014) Clinical Supervision Toolkit. Available at:

http://www.helenanddouglas.org.uk/get_information/useful-resources/

Last accessed 29.03.17


NHS Education for Scotland (2017) Effective Practitioner: Learning in the Workplace. Available at:


Last accessed 16.03.17

References

Nursing and Midwifery Council (2017a) Proposed changes to midwifery supervision. Available at: https://www.nmc.org.uk/standards/what-to-expect-from-a-nurse-or-midwife/midwifery/proposed-changes-to-midwifery-supervision/

Last accessed 23.02.17

Nursing and Midwifery Council (2017b) Revalidation. Available at: http://revalidation.nmc.org.uk/

Last accessed 23.02.17


Last accessed 23.02.17


Last accessed 23.02.17


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