# Implementing Clinical Supervision: Clinical Leader Role NES Pathfinder Project

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## Background

Clinical Supervision (CS) in nursing has been discussed for decades, but to date, it has not been successfully embedded in practice. In collaboration with key stakeholders across all Scottish Health Boards, NES have produced a national CS framework to help structure and formalise the way nursing staff are supported and developed in their role.

Two clinical leads from the GJUNH were appointed to a pathfinder project – to capture the journey of a clinical lead implementing NES national CS framework to their respective departments.

## Aim

To explore enablers and barriers that the clinical leader might encounter in the implementation of the national CS framework to their teams. The learning gained in the pathfinder project will inform the preparation of national implementation guidance material and support the development of relevant educational resources.

## Method

- Analysis and extension of own knowledge of CS framework and its components
- Data collection – two surveys of staff awareness pre and post education sessions
- Process mapping of current nurse development and support practice
- Creation of driver diagram (below) to guide project, display plan and help develop ideas
- Force field analyses – SCNs input to enablers and barriers
- Scoping exercise – current CS resources available nationally and within GJUNH
- Staff focus groups
- Coaching / feedback sessions with NES practice Educators
- Support from GJUNH Quality Improvement team



Driver Diagram
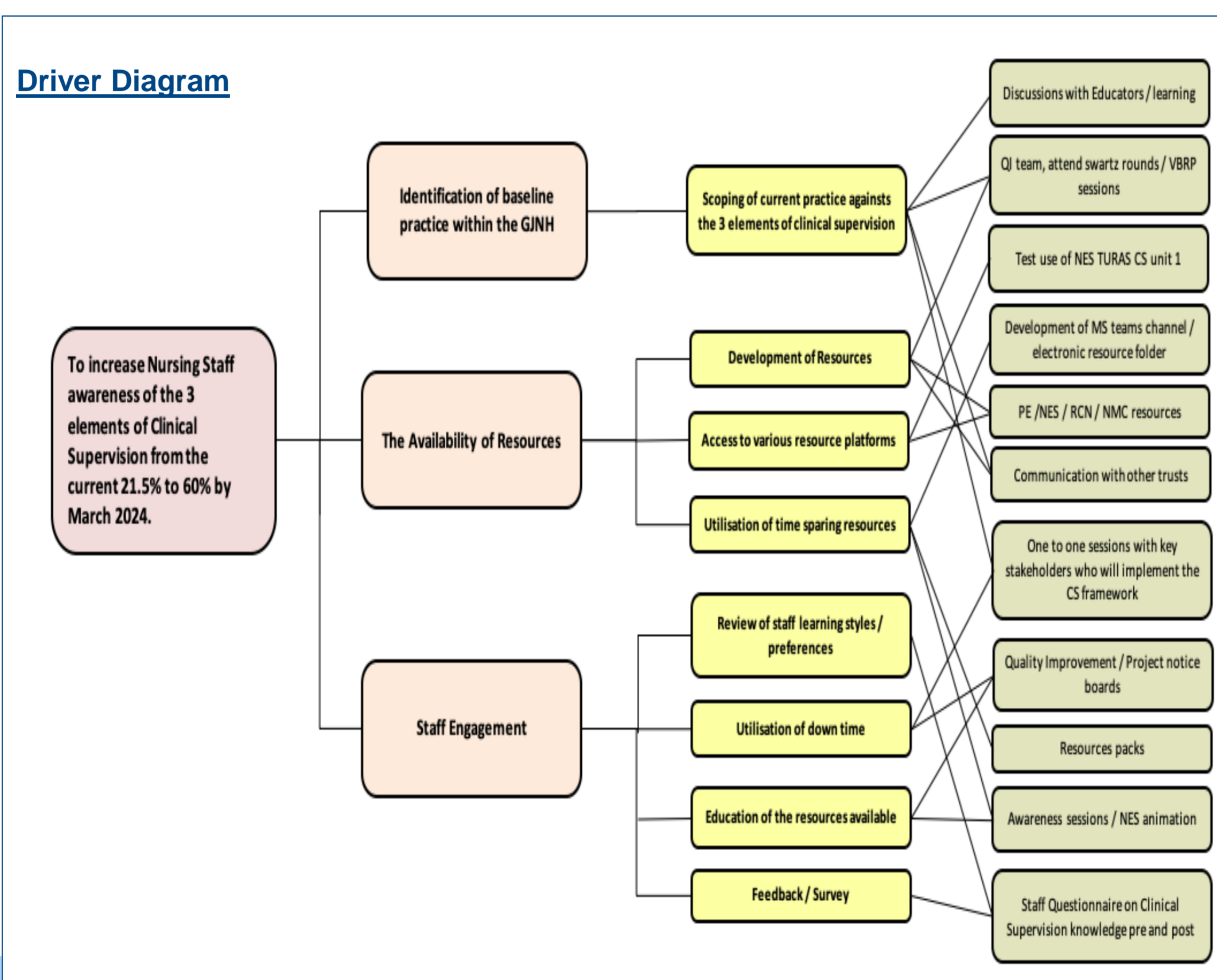
## Results

The initial survey in both clinical areas involved revealed a rather negative attitude to CS among all staff groups. The response rate to the surveys was low (33%) and highlighted how few staff were aware of the CS concepts (21%). The awareness sessions and group discussions were more productive and key themes began to emerge: -

- Poor of understanding of CS concept and its aims
- Suspicion of "yet another" new approach / initiative being imposed
- Involvement with CS takes time away from patient care
- No time during an already busy working day for more form filling / documentation / reflective sessions
- Supporting material for CS not readily accessible
- Many aspects of CS already practised but informal / poorly recorded / adhoc sessions
- Driver diagram highlighted complexity of the inter-relationships of CS components
- Most staff saw multiple barriers, but few enablers (force field analysis below)
- Overview of NES and administrative staff not always in tune with clinical staff perception
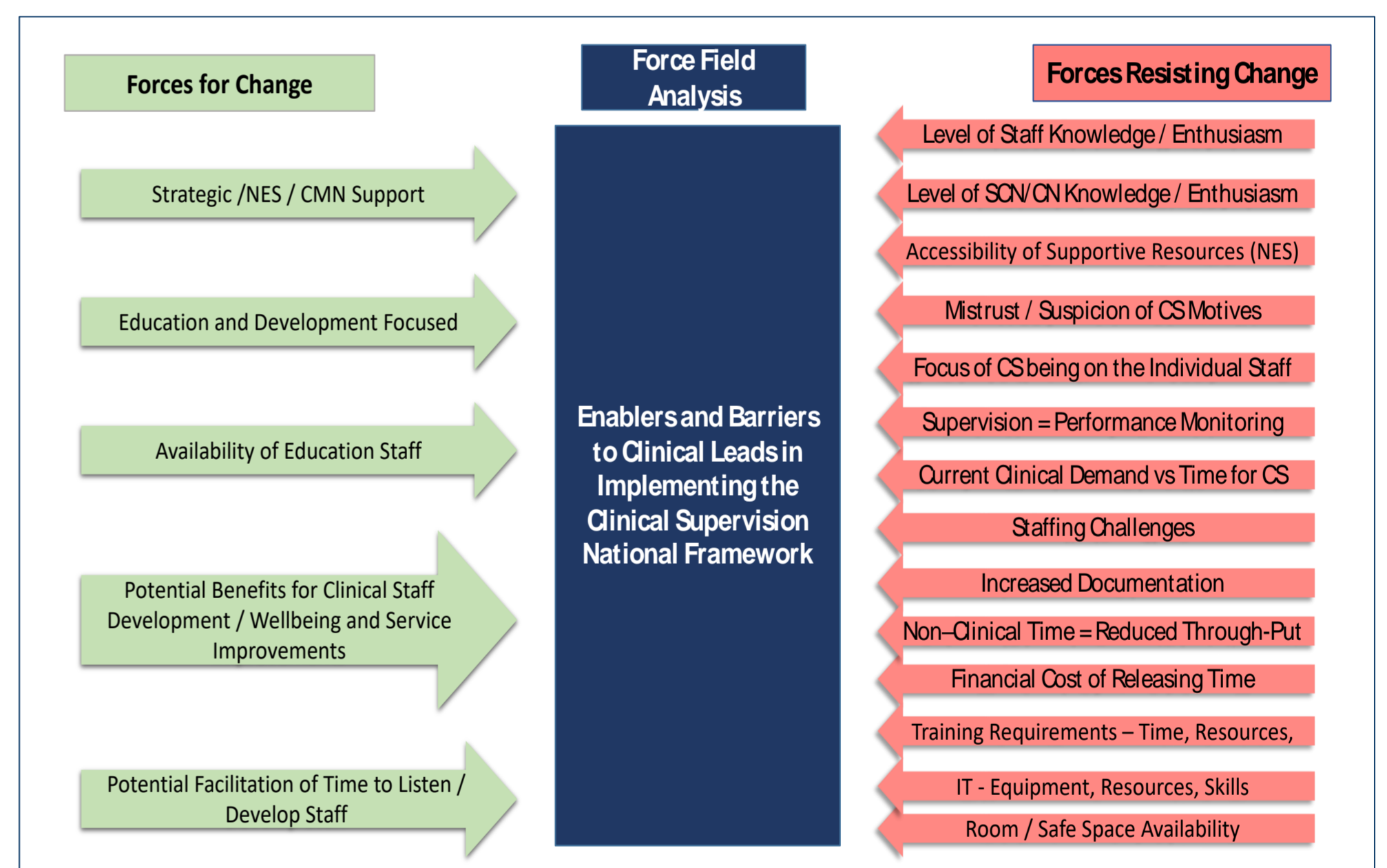


## Conclusions / Next Steps

1. Education / awareness sessions paramount to gain staff engagement.
2. Clinical Lead requires commitment, enthusiasm and drive, in addition to proven leadership and communication skills.
3. Staff – particularly SCNs should be encouraged to propose & develop ideas for the implementation locally.
4. Recognition of the large amount of CS already in current practice – now requires to be formalised and documented.
5. Time requirement (preferably protected), staffing challenges, IT issues, etc need to be addressed.
6. Supportive information needs to be accessible to clinical staff of all levels / backgrounds – involves availability & format of material, terminology and language used, checks that material is appropriate and is considered helpful by staff.

## References

- NHS Education Scotland, funded the Pathfinder Project