CLINICAL SUPERVISION
UNIT 2: FUNDAMENTALS OF SUPERVISING OTHERS
Digital Resource

RESILIENCE

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Welcome to the NHS Education for Scotland (NES) Clinical Supervision learning resource. This resource is created to support practitioners develop relevant knowledge and skills for participating in clinical supervision. In particular, it has a focus on the restorative component of supervision. The purpose of clinical supervision is to contribute to improved services, safe care and better outcomes by supporting practitioners to reflect on, and develop, their clinical practice. All units can be accessed on the NES website.

This resource is an adaptation of the NHS Education for Scotland Clinical Supervision for Midwives resource, to enhance application for a wider audience.
This unit is for:

Practitioners preparing to facilitate clinical supervision (supervisor)

Supervisors are expected to complete Units 1–4 and participate in skills development activity to appropriately prepare for the role of clinical supervisor. Skills development opportunities such as facilitated workshops and supervisor network meetings are organised at local level. If you are unaware of what is available in your area, ask your manager or local NES Practice Educator or AHP Practice Education Lead for further information.

Recording your learning

Electronic portfolios are a convenient way to record and share evidence of your learning and development to maintain your registration, annual appraisal or for your own reference or portfolio of evidence.

If you are a nurse or midwife in Scotland, you may wish to use the NES ePortfolio. This will also be available for Allied Health Professions in the coming months.

Log in or register using the link: https://turasnmportfolio.nes.nhs.scot/

If you prefer not to use an electronic portfolio, useful templates can also be found here.
Unit 1 provides an introduction to clinical supervision; what it is, the purpose, processes and potential benefits.

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

Unit 3 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 introduces you to:

- Theoretical model(s) that can be used to underpin your approach to clinical supervision
- The purpose and boundaries of the clinical supervision relationship
- Factors that contribute to an effective environment for clinical supervisory activity

- Principles for facilitating clinical supervision
- Conversational approaches that can be used to facilitate reflective practice and professional development.

Intended outcomes

Supervisors will be able to:

- Facilitate respectful and inclusive clinical supervision sessions using appropriate supervisory and reflective frameworks.
- Create a safe environment for clinical supervision where participants feel safe to think, feel and reflect.
- Undertake the role of the supervisor within the context of local and national governance policies.
- Use appropriate strategies to support practitioners to maximise their potential in practice, implementing the principles of restorative clinical supervision.
- Establish clinical supervision contracts that make clear the roles of the supervisor and supervisee and the nature and boundaries of the supervision relationship.
**Model of Supervision**

In unit 1 you were provided with an overview of models available to structure clinical supervision. In this unit we will look at the component parts of one of these models in more detail to help you develop your knowledge and ability to use a structured and principled approach to your practice.

It is useful to remember that a key attribute of an effective clinical supervisor is the ability to remain flexible. Really great facilitators bring a range of alternative strategies to meetings and possess a good command of process tools rather than adopting a one size fits all approach. However, it takes time and experience to build up the contents of a toolbox like this so allow yourself time and opportunity but be aware of relying on a comfortable and familiar process.

The cyclical model (Figure 1) by Page and Wosket (2001) introduced in the unit 1 can provide a useful framework upon which to formulate your approach and practice. You might like to think of this framework as the ‘toolbox’, the part that can remain consistent in your approach. The process tools you decide to use within it are used flexibly, selected to suit the situation.

Each component part of the framework consists of ‘tasks’ and we will look at the requirements and purpose of these in relation to the overall process.
**Contract**

The purpose of the contract was covered in unit 1. Essentially it sets out the terms and conditions within which you and the supervisee will practice clinical supervision. It is more than a record-keeping exercise, it is an interaction that ensures expectations of conduct, content of the session, priorities for outcome from sessions, and roles and responsibilities are aligned between both parties. It is the first step in creating a safe space and commitment to building a trusting relationship.

Sometimes the opportunity for clinical supervision arises without planning and agreeing a contract may not be feasible or appropriate. This should not be considered prohibitive and professional judgement used to decide which elements need to be discussed and recorded.

Your organisation may have a contract template for you to complete.

Find out if there is a recommended clinical supervision template available from your place of work and obtain a copy for your portfolio.

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Click [here](#) for suggestions which may assist you to set up a contract at your first meeting and to view a sample contract.

Having a clear understanding of the purpose and boundaries of the professional relationship between a supervisor and supervisee will help guide your practice, enable confidence in your decision making and assist interactions to remain safe, effective and person-centred.

The three functions identified in Proctor’s model (1988) can be a useful way to remember the purpose of clinical supervision and the boundaries of your role. The ‘tasks’ identified in the model can be used to evaluate if the principles, values and behaviours in which you participate are consistent with the intended outcome:

Are you participating in behaviour that is:

- Protecting standards and ethical practice (**normative**)
- Developing the supervisee’s skills, knowledge and understanding (**formative**)
- Nurturing the supervisee’s resilience (**restorative**).
Consider each of these features and reflect on:

1. What behaviours help develop these features in a relationship?

2. What evidence or feedback would you notice if these features are present in your supervision relationship?

3. What skills and attributes do you already possess to help build these features into your relationship with supervisees?

4. What changes would help develop your ability to enhance these features?

Comfort, trust and confidence

Factors that make us feel more comfortable with some people than with others are complex. Significant factors are the way in which an individual builds relationships, referred to as their ‘attachment style’ (Bowlby, 1988) and their personality type (Briggs Myres, 1980). Having awareness of the different types and of your own preferences can help develop your awareness and sensitivity to the supervisee’s vulnerability and need for reassurance (Landany et al, 2005).
Challenge

Without first establishing a rapport that promotes comfort, trust and confidence, you may find it difficult to challenge without evoking feelings and behaviours associated with defensiveness in the supervisee. However, challenge is a significant benefit of facilitated reflection and an important aspect for enhancing awareness and development. Questioning in a way that is explorative but non-judgemental and non-confrontational allows the supervisee to become more aware of unconscious assumptions, external and internal influences and increase their ability to manage these in clinical situations. In reality the purpose is not so much to ‘challenge’ as to offer and encourage consideration of an alternative perspective.

Example questions and statements that might be used:

- You mentioned... I’m wondering what makes you think that.
- I’m hearing two different things ....and I’m wondering how they fit.
- What I think you are saying is
- ...but your body language seems to be saying something different.
- What could you have done different?
- What difference would that have made to you?
- Remove assumptions:
  - if this wasn’t happening?
  - if things were different?
- Can I share what I think I’m hearing?
- Can I take you back to something you said earlier?
- What is the evidence to suggest that?
- What else could you do?
- If you did that what might the consequences be for everyone involved?
- What other ways could you approach this?
- What might you have wanted to do instead?

Read this factsheet which provides information on how to monitor your supervisor relationship.
Focus

The task in this component is to establish the focus for the supervision session. Broad priorities may have already been negotiated within the contract component, for example developing confidence in decision making, leadership or communication skills, etc. However, each session needs to have a particular focus for discussion to enable deeper exploration.

Supervisees may have issues or experiences in mind that they wish to discuss. Often these can be multifaceted and it may be necessary to assist them to narrow the focus in order to explore the matter in sufficient depth in the time available.

Take a few minutes to write a description of an event or issue that you might present as a supervisee. Now read through your description and write a list of the different elements that could be explored in more detail. Consider which of these is most significant to you? Which made it particularly memorable or affected you most? Reflecting on that particular element, what would you hope to be different after discussing it in clinical supervision?
Example questions that may be used to establish the focus:

- What would you like to bring to this session?
- What do you hope to get out of our time?
- Where do you want to get to by the end of this session?
- What would be a good outcome for you?
- What would you like the outcome to be / look like?
- Do you know what you want?
- Do you know what you don’t want?

Conflict of interest

A conflict of interest can be described as a situation that arises when a person that has a private or personal interest significant enough to influence the way they make a decision.

Conflicts of interest can arise in the work of supervisors in a variety of ways. For example, a supervisor could be personally involved in an adverse incident that a supervisee wants to discuss and may therefore influence the discussion during the supervision session.

If there is a possible conflict of interest, you must inform the supervisees of your involvement, they will decide if the conflict of interest is manageable and if it is appropriate to continue with the session as planned.
Facilitating reflection is a main function of this component and of clinical supervision. Your role is to create a safe space and facilitate the supervisee to develop their awareness, understanding, knowledge and emotional resilience.

Models for reflection can be useful tools to refer to at this stage in the process. Having an awareness of the different models available (unit 1) will help you choose the most appropriate for the issue being discussed and the time available.

For example, if the supervisee wishes to discuss feedback they received from a client or interactions with a colleague, it may be helpful to use a values-based tool such as the Values-Based Reflective Practice model. If the issue relates to a particularly emotive situation then the model by Gibbs, which specifically considers feelings, may seem appropriate. If there is limited time or the discussion is unplanned then Driscoll’s Whatmodel offers a simple and easy framework to remember (NHS Education for Scotland, 2017).
Within these models there are also various coaching approaches you can use to guide the discussion, such as:

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<th>Key assumptions:</th>
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<td>Person centred</td>
<td>Individuals develop differently based on their own experiences. The most effective way to implement change is through non-directed learning, here the coach guides and encourages reflection rather than tells. Open, friendly and trusting environments supports learning. New ideas and learning must be relevant, to encourage open-mindedness and exploration.</td>
</tr>
<tr>
<td>Appreciative inquiry and strengths based</td>
<td>An approach which focuses on what is being done well and then aims 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.</td>
</tr>
<tr>
<td>Solution – focused coaching</td>
<td>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 treatment plans but instead seeks to identify the supervisee’s own solutions.</td>
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These approaches are explained in more detail in unit 3.
Regardless of which ‘tool’ or approach you use, they are all underpinned by a fundamental principle of **facilitating; not fixing**.

Having trust in facilitative approaches and understanding the role of a facilitator is essential for becoming an effective supervisor.

### What is facilitation?

**Some definitions:**

**To lead:** to show the way, to guide or direct, to direct by influence.

**To train:** to provide content and process, with specific learning objectives and content expertise.

**To facilitate:** to make easier, to help forward, to enable others.

**Facilitation:**

- provides leadership without taking control
- is concerned with content, process and management of emotions
- makes it easier to reach the agreed destination.

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### What does a facilitative practitioner do?

- Facilitators lead from behind and enable participants to assume responsibility and take the lead
- Creates a nurturing climate
- Helps people define and articulate their hopes and create plans to realise them
- Guides the conversation to keep it focussed
- Helps groups to communicate effectively
- Guides to ways of working that helps people use their time to the best to reach high quality decisions
- Supports people to recognise existing skills and helps build new skills
- Works with the ideas and dynamics of groups who are working together to achieve outcomes
- Makes sure assumptions are raised and tested

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The facilitator does not make choices for people but creates the opportunity for them to choose.

(Joint Improvement Team, 2014)
- Fosters leadership in others by sharing the responsibility
- Helps groups to make collective decisions recognising and respecting each person’s point of view
- Provides feedback to help people self-assess
- Manages conflict collaboratively.

Some of the key skills and attributes of effective facilitators identified in the literature are highlighted below.

**Facilitators need to develop skills to become:**

**Active listeners** – able to listen in a way that communicates presence and intention to really hear and understand what a person is trying to communicate.

**Constructive listeners** – listening in order to acknowledge and identify:
- Signs of strengths, resilience, coping
- What matters
- What the person wants in their work and from support
- Evidence of resources (internal and external)
- Achievements (present and past)
- Qualities, identities (individual personality)

- Competency, skills, knowledge
- Changes which are already happening.

**Expert communicators** – with the ability to recognise that, in the role of facilitator, they are likely to be listening more than speaking. This will involve asking the right kind of questions in a given situation to support the reflective process.

“We know from research that process outcomes, such as being listened to, included in decision making and being treated with respect, really matter to people.”

*(Miller, 2011)*
Cassedy (2010) describes four core conditions which facilitators need to communicate to enable effective supervision. These are:

- **Empathy** – the ability to “feel with” the other person, grasping and participating in their thoughts without taking them fully within ourselves
- **Genuineness (or congruence)** – you are in the role of supervisor but are being yourself
- **Acceptance (or warmth)** – recognising and valuing the individual response to a given situation
- **Unconditional positive regard (or respect)** – acceptance of the participant unconditionally and non-judgementally.

Driscoll (2007) suggests among other things key attributes of effective facilitators are:

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

**Self Awareness**

Self awareness is our capacity to be in touch with our own experiences, to know how we are feeling, sensing, thinking, reacting or making meaning from moment to moment.

Review the information in this [link](#) and reflect on your own level of self awareness.

**Coach and mentor**

The clinical supervisor’s role is multifaceted and as a facilitator involves supporting the quality of work being done by participants, being an educator and role model and providing emotional support.

The roles you are able to provide will depend on your skills, knowledge and experience in relation to the supervisee, as well as the focus of the discussion.

Read the information in this [link](#) to develop your understanding of the difference between coaching and mentoring.

These many facets are particularly evident in the next component of the model; the ‘bridge’, of which the main task is to facilitate movement from reflection to action planning.
Practitioners have a responsibility to ensure they provide the best care possible through their practice. Clinical supervision can contribute to practitioners fulfilling this responsibility (NMC, 2015; HCPC, 2016). Reflective practice involves using our experiences to learn and identify changes we can make to improve our practice and experience.

Reflecting on practice helps increase awareness of our level of competence and plays a key role in providing safe, effective and person-centred care as it enables us to:

- Identify what we need to know (knowledge)
- Establish what we need to do (skills)
- Evaluate our practice (competence)

The Conscious Competence Model highlights two factors that affect our thinking as we learn a new skill: consciousness (awareness) and skill level (competence).

According to the model, we move through four levels as we build competence in a new skill.

Click on the link to review the Conscious Competence Model link
Working through the previous components you will hopefully have facilitated an increase in the supervisee’s awareness of perhaps a skill, or a certain behaviour or trait. The next step is to assist them to establish how best to use that awareness to make a change for improvement and where appropriate, navigate to useful resources and guidance.

Goal setting

Facilitating the supervisee to identify what change for improvement would look like; what they would be doing or how they would be feeling different and then how they might achieve this, is your role within this component. The bridge component is underpinned by motivation and goal-setting theory.

Facilitating action

As noted in the video, a key step is to consider the resources and capability needed to achieve the goal. As a supervisor you have an important leadership role to play in navigating practitioners to relevant evidence based resources, national and local policies and guidance and highlighting professional standards such as the NMC Code or HCPC Standards of conduct, performance and ethics (SPCE). While the level of signposting you are able to provide will be influenced by your knowledge and experience in relation to the topic, there is an expectation that you maintain your own knowledge of these resources in order to role model and facilitate evidence based practice. Useful resources to support this element of the supervisor’s role will be highlighted in unit 4.

Watch this video on goal setting

Reflect on the importance of goal setting within clinical supervision
Example questions that could be used to facilitate action planning:

- We have discussed a range of things you could do, what would you choose?
- In an ideal situation who would you get support from?
- What would support look like?
- What strategies have you used in past that you can use in this situation?
- What other options would you consider?
- What might the repercussions be if...?
- What could you do in the future to ensure that...?
- How is the way you see things different from when we first started?
- What are you going to do now? What else?
- What support do you need?
- Who could you go to for help / support?
- How are you going to get that support?
- What might get in your way of achieving this?

As noted in the video, goal setting should not be seen as an event, it is an ongoing process of action, evaluation and revision; a continuous cycle for improvement. Evaluating the impact of learning and actions taken promotes commitment and ensures the time invested in clinical supervision is of value.
Review

Review in this cyclic model relates both to previous actions, the current session and of the overall process of clinical supervision as it is being facilitated.

Review and evaluation of previous actions can be achieved easily if the goals set have been specific and measurable but may be more challenging if they have been left open and undefined.

This stage offers an opportunity to explore with the supervisee if the focus is still relevant and if there is the need and desire to continue. This may involve recontracting.

Providing this structured space for feedback allows supervisees and supervisors to actively reflect on the clinical supervision and their own professional practice. Evaluating your practice is an important part of your role as a clinical supervisor and this will be explored further in unit 4.
Example questions that could be used to facilitate action planning:

- Is there anything else you want to discuss?
- How effective do you feel the session has been for you?
- What might have helped to make it more effective?
- What might we still have to look at in the next session?
- What have we not reflected on that we could bring to the next session?

The checklist below may be a helpful reminder of the practical and process issues that you will need to address when facilitating clinical supervision:

- discussing practicalities of clinical supervision – contracting, time, place, frequency, expectations, etc
- agreeing what will be discussed at sessions
- confidentiality
- record keeping
- building a rapport and establishing a respectful relationship
- maintaining focus and timing of sessions
- action planning to ensure goals and objectives are achieved within an identified timescale
Summary of Unit 2

This unit has highlighted a number of models you can use as tools to help you structure and guide your practice. The diagram below attempts to highlight the relationship between these models, from the broad overarching principles of the approach to supervision to the specific conversational techniques you can use to facilitate effective reflection on practice. Flexibility is an important skill and attribute of a good supervisor and you may use one or more of these approaches in the same session.

If you wish to explore other available models, such as Hawkins and Shohet’s Seven-eyed Supervision Model (2012) which defines what clinical supervision is through the processes that are present within it, literature covering a variety of contexts is widely available.
References


Health and Care Professions Council (2016). Standards of conduct, performance and ethics. Available at: https://www.hcpc-uk.org/aboutregistration/standards/standardssofconductperformanceandethics/. Last accessed 16.03.17


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