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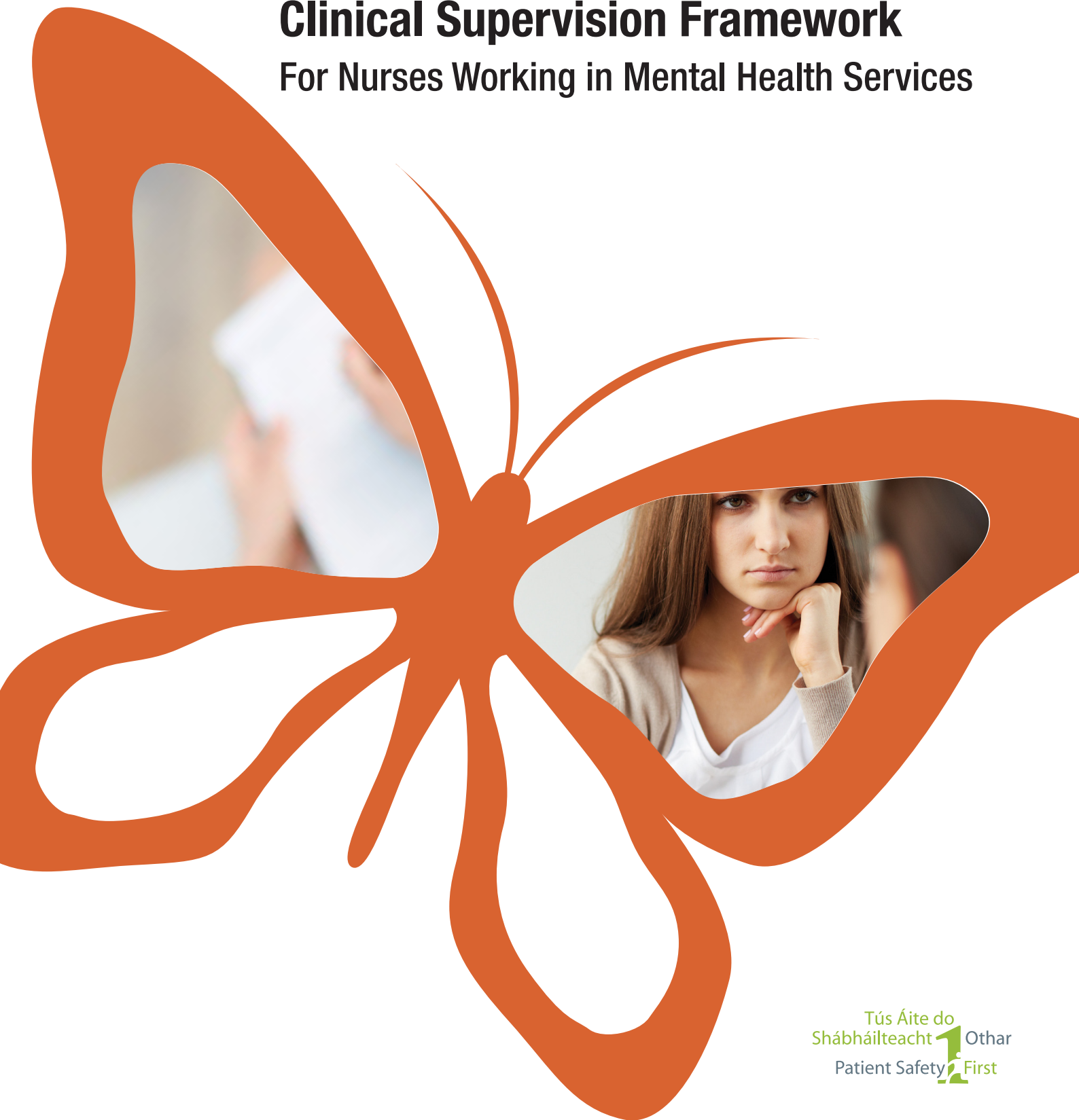
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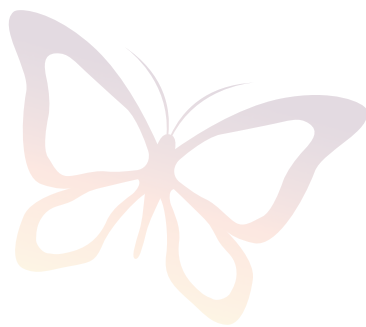
Office of the
Nursing & Midwifery
Services Director

Clinical Supervision Framework

For Nurses Working in Mental Health Services



Tús Áite do
Shábháilteacht **1** Othar
Patient Safety **1** First



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Clinical Supervision Framework for Nurses Working in Mental Health Services

Health Service Executive (HSE)

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Foreword

Psychiatric nurses are the largest profession working within the Irish Mental Health services. Over the past decade the role of the nurse has developed significantly particularly in relation to their clinical role and responsibilities in order to provide responsive care. The ongoing development of Nursing in Child and Adolescent Mental Health (CAMHS), Adult Mental Health, Psychiatry of Later Life, Forensic Services and in Specialist nursing: in areas such as Liaison, Deliberate Self Harm, Suicide Crisis Assessment, Community Mental Health etc. provides a complex and changing environment in which nurse's work.

The report of the Expert Group in Mental Health Policy - A Vision for Change¹ has a firm emphasis on recovery while detailing a comprehensive model of mental health service provision for Ireland. Values such as a non-judgemental approach, trust, dignity, respect, the provision of choice and promotion of rights are some of the values that are core to the profession of psychiatric nursing. Clinical supervision will promote these values and recovery principles in clinical practice.

This framework is a platform that has been designed to help you; the nurse, deal with issues that arise for you in your work; it will support and enable you to grow as an individual and as a professional. It also provides an essential standardised structure to support Area Directors of Nursing and services to integrate clinical supervision as part of every nurse's professional role and will also provide a foundation upon which clinical supervision can be integrated into continuous professional development (CPD).

We would like to acknowledge the Area Directors of Mental Health Nursing who commissioned this work and thank the steering group who provided guidance and contributed to developing this first clinical supervision framework for nurses within the HSE.



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¹ A Vision for Change, Expert Group in Mental Health Policy, Department of Health and Children, 2006.



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- Clinical Supervision for Nurses Evaluation of pilot education and training programme in the HSE West Midwest NMPD Area, May 2011.
- Clinical Supervision Guideline (2013) West Galway Mental Health Service.
- Dublin North City Mental Health Services (DNC – MHS) Clinical Supervision Guidelines December 2013.
- Guideline to Support Clinical Supervision in Clinical Practice (2011) - HSE West.
- National Council for the Professional Development of Nursing and Midwifery (2008) Clinical Supervision – a structured approach to best practice.
- Supervision Guidelines for Health and Social Care Professionals HSE HR Circular 002/2015.



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List of Abbreviations

ANP	Advanced Nurse Practitioner
CAMHS	Child and Adolescent Mental Health Services
CNS	Clinical Nurse Specialist
CPD	Continuous Professional Development
HSE	Health Service Executive
MHID	Mental Health of Intellectual Disability
NMPD	Nursing and Midwifery Planning and Development
NMBI	Nursing and Midwifery Board of Ireland
ONMSD	Office of the Nursing and Midwifery Services Directorate
RCN	Royal College of Nursing



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Introduction

The Office of the Nursing & Midwifery Services Director (ONMSD) supports Area Directors of Nursing in facilitating the continuous professional development (CPD) needs of nurses and midwives working in services nationally. Mental Health services, following the publication of *A Vision for Change* (2006) are developing and evolving in a more recovery and service user focused way. Nurses are developing their roles and taking on more expanded roles in the provision of care and clinical interventions. *A Vision for Psychiatric/Mental Health Nursing – a shared journey for mental healthcare in Ireland*² outlined a number of recommendations to support the delivery of a person centred, recovery focused, quality and safe mental health service. Recommendation 1: outlined the requirement for clinical supervision: “Clinical supervision shall be made available internally to all nurses and to be availed of by all nurses to ensure recovery values and principles have been translated and maintained in clinical practice”.

Clinical supervision has emerged both internationally and in Ireland as a means of using reflective practice and shared experiences to support continuous professional development. The HSE published national supervision guidance (HSE HR Circular 002/2015) to support and *strengthen the quality of care and staff engagement with the goal of improving and maintaining safe, quality, effective and efficient care for services users*³. This Clinical supervision framework for nurses working within the Mental Health services compliments these HSE National supervision guidelines and specifically directs the development and delivery of a clinical supervision system for the nursing profession working in Mental Health services.

Clinical supervision is a process of professional support and learning in which nurses are assisted in developing their practice through regular discussion time with experienced and knowledgeable colleagues⁴. Butterworth and Faugier⁵ describe clinical supervision as a major force in improving clinical standards and enhancing the quality of care. Supervision promotes personal and professional development in a supportive relationship that occurs between equals. It is increasingly being recommended as a means of supporting professional practice and is fundamental to safeguarding standards, developing professional expertise, and improving the delivery of quality care. Clinical supervision fits well in the clinical governance framework, whilst helping to ensure better outcomes for service users and improving nursing practice. There is potential for clinical supervision to contribute to the development of a more articulate and skilled workforce which in turn can contribute positively to organisational objectives⁶.

² Cusack, E. & Killoury, F., *A Vision for Psychiatric/Mental Health Nursing – a shared journey for mental health care in Ireland*, 2012

³ Health Service Executive Supervision for Health & Social Care Professionals: HR Circular 002/2015

⁴ Fowler, “The organisation of clinical supervision within the nursing profession: a review of the literature”, *Journal of Advanced Nursing*, 23 (3): 471-478, 1996

⁵ Butterworth and Faugier, *Clinical Supervision and Mentorship in Nursing*. London: Chapman and Hall, 1992

⁶ White, E. & Winstanley, J., Implementation of clinical supervision: Education preparation and subsequent diary accounts of practicalities involved, from an Australian mental health nursing innovation. *Journal of Psychiatric and Mental Health Nursing*, 16 (10), 895-903, 2006



Underpinning Legislation/Policy

- Scope of Nursing and Midwifery Practice Framework (Consultation Draft)⁷
- National Health Strategy⁸
- A Vision for Psychiatric/Mental Health Nursing – a shared journey for Mental Health Care in Ireland⁹
- Clinical supervision, a structured approach to best practice¹⁰
- S.I. No. 551/2006 Mental Health Act 2001 (Approved Centres) Regulations 2006¹¹
- Nurses & Midwives Act 2011¹²
- Record Retention Periods, Health Service Policy, 2013¹³
- Health Acts 1947 - 2014¹⁴
- HSE Supervision for Health & Social Care Professionals: HR Circular 002/2015¹⁵

Purpose of the Framework

The purpose of this document is to provide a formal framework for the development and implementation of clinical supervision for nurses in Mental Health services nationally, underpinned by evidence and to support nurses in further developing competence in clinical practice within their scope of practice as outlined by Nursing and Midwifery Board of Ireland.

Scope

This Framework applies to all nurses working in Mental Health services: Child & Adolescent (CAMHS), Adult Mental Health and Psychiatry of Later Life, Mental Health of Intellectual Disability (MHID) and Forensic Mental Health services.

⁷ Scope of Nursing and Midwifery Practice Framework (Consultation Draft), Nursing and Midwifery Board of Ireland (“NMBI”), 2015

⁸ National Health Strategy; Government Publications, Dublin, Department of Health & Children, 2001.

⁹ Cusack, E. & Killoury, F., A Vision for Psychiatric/Mental Health Nursing – a shared journey for mental health care in Ireland, 2012

¹⁰ Clinical Supervision: A Structured Approach to Best Practice, National Council for the Professional development of Nursing and Midwifery, 2008

¹¹ Government of Ireland, Mental Health Act 2001, The Stationary Office, Dublin.

¹² Government of Ireland, Nurses and Midwives Act 2011, The Stationary Office, Dublin.

¹³ HSE Record Retention Policy, www.hse.ie [Accessed Online 20th February 2015]

¹⁴ Government of Ireland, Health Acts 1947-2014, The Stationary Office, Dublin.

¹⁵ HSE Supervision for Health & Social Care Professionals: HR Circular 002/2015



Aim

- To outline key considerations in the establishment of clinical supervision for nurses in Mental Health services.
- To delineate roles and responsibilities of all stakeholders in clinical supervision practice development.
- To build capacity, skills and competency within the mental health nursing workforce nationally in respect of clinical supervision to meet the needs of the evolving services and service user need.

Definition

Clinical supervision can be defined as:

*“regular, protected time for facilitated, in-depth reflection of clinical practice. It aims to enable the supervisee to achieve, sustain, and creatively develop a high quality of practice through the means of focused support and development. The supervisee reflects on the part she plays as an individual in the complexities of the events and the quality of her practice. This reflection is facilitated by one or more experienced colleagues who have expertise in facilitation and frequent, ongoing sessions are led by the supervisee’s agenda. The process of clinical supervision should continue throughout the person’s career, whether they remain in clinical practice or move into management, research, or education”.*¹⁶

Model of Clinical Supervision

There is a great deal of literature on clinical supervision and there are a variety of models and approaches. Services may decide to use combined models to guide them, however the Office of the Nursing and Midwifery Directorate (ONMSD) in consultation with key stakeholders in mental health services nationally is using Proctor’s model¹⁷ to inform this framework. This model outlines three components of clinical supervision:

- Formative (educative/development of skills) function; which refers to the aspect of clinical supervision that relates to the professional development of the practitioner. Through reflection on practice and self-awareness, the

¹⁶ Bond, M. & Holland, Skills of Clinical Supervision for Nurses. Buckingham: Oxford University Press, 1998.

¹⁷ Proctor, ‘Supervision: A co-operative exercise in accountability’ in M. Marken and M. Payne (eds.) Enabling and Ensuring. Supervision in practice, Leicester: National Youth Bureau, 1988.



practitioner is able to understand the service user better and how to explore other ways of working to develop their practice under the guidance or direction of someone with greater experience than themselves.

- Restorative (supporting personal well-being) function; which through the development of a supportive relationship with the supervisor the practitioner deals with emotional issues arising from practice e.g emotional reaction to abuse, neglect, conflict and other feelings experienced in the service user nurse relationship. The practitioner feels able to share concerns and difficulties regarding their clinical nursing practice.
- Normative (managerial/organisational responsibility) function; it is the responsibility of the clinical supervisor to uphold professional, legislative and policy imperatives within the supervision session, which in turn supports the practitioner to develop skills and competencies to meet the clinical governance and risk management agenda.

Why have Clinical Supervision?

Clinical supervision is an important process in supporting nurses within organisations with elements of clinical governance in the following ways:

- quality improvement
- risk management and performance management
- systems of accountability and responsibility

It provides a structured approach to deeper reflection on clinical practice. This can lead to improvements in practice and service user care, and contribute to clinical risk management¹⁸.

Clinical Supervision:

- Supports nurses develop their clinical skills and professional practice in response to service user needs;
- Values and enables the development of professional and practice knowledge to meet these demands;
- Provides relief from the emotional and personal stress involved in nursing;

¹⁸ Royal College of Nursing, Clinical Supervision in the Workplace, Guidance for Occupational Health Nurses: United Kingdom, 2003.



- Helps nurses work in an effective way;
- Helps nurses gain information and insights, and promotes reflective practice;
- Encourages professional and personal growth;
- Is a part of lifelong learning;
- Is a component of clinical governance;
- Is an aid to improving standards and the quality of nursing care; and
- Is for nurses and about nurses.

Clinical supervision is not:

- A management tool;
- A method of surveillance;
- A formal performance review;
- A form of Preceptorship;
- Counselling;
- Hierarchical;
- Criticism of the individual as a nurse or a person;
- A form of therapy; and
- The same thing as training supervision.

Roles and Responsibilities of Key Stakeholders

In order to succeed, clinical supervision must have sponsorship at all levels in Mental Health services. The organisation and all senior management must support and enable the process of formalised reflection on practice, organisational culture is a critical determinant of implementation¹⁹.

¹⁹ Butterworth, T., Bell, L., Jackson, C and Majda, P. Wicked spell or magic bullet? A review of the clinical supervision literature 2001-2007; Nurse Education Today 28, 264-272, (2008).



Nurse Management Responsibilities:

- Ensure a local policy is developed to govern the implementation of this clinical supervision framework within their respective services.
- Ensure that all nurses are familiar with this policy and framework.
- Ensure that nurses are identified and trained appropriately to provide clinical supervision.
- Ensure that there is flexibility for staff to access individual or group clinical supervision according to local policy.

Supervisor Responsibilities:

- Undertake educational programme/professional preparation to ensure he/she has the skills and competencies required to deliver and engage in clinical supervision.
- Formalise a written clinical supervision agreement (Appendix 1) with supervisee/s.
- Establish a safe supervisory environment where confidentiality and trust are essential elements of the relationship.
- Explain and adhere to boundaries in clinical supervision.
- Facilitate the monitoring and development of sound clinical skills and ethical practice in a structured manner.
- Validate good practice and establish a two-way feedback process which is clear, constructive and regular.
- Participate in supervision of their supervisory practice.
- Be knowledgeable of all HSE policies, procedures, protocols and guidelines.
- Act in accordance with the Code of Professional Conduct and Ethics for Nurses and Midwives²⁰.

²⁰ Nursing and Midwifery Board of Ireland; Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014).



Supervisee(s) Responsibilities:

- Negotiate arrangements for clinical supervision, in line with organisational policies.
- Positively engage in the clinical supervision process.
- Identify and discuss any clinical and developmental issues that affects his/her nursing practice.
- Give and receive constructive feedback.
- Act in accordance with HSE polices and their Code of Professional Conduct and Ethics for Nurses and Midwives.

Guideline:

Frequency: Clinical supervision should be provided 4 to 6 weekly.

Duration: Clinical supervision sessions should last for one hour, or one hour and 30 minutes in the case of group supervision.

Where: Clinical supervision should take place at a work based location free from distraction or interruption.

Commitment: The process of supervision occurs within a trusting relationship established between supervisor and supervisee; both contribute to the relationship and have responsibilities within the supervision process.

Who supervises: Clinical supervision should be provided by a trained supervisor, with at least 5 years postgraduate clinical experience, who participates in their own regular supervision and is committed to continuous professional development. Supervisees should retain the option to choose their own Clinical Supervisor: *'management led clinical supervision could lead to restrictive rather than reflective and growthful practice'*²¹.

Recording: Written records of clinical supervision will be kept by the supervisor. Recording sheets are completed at the end of each session and signed by both supervisor and supervisee (Appendix 2). (Records are kept in accordance with the HSE Record Retention Policy). Supervisees may choose to keep their own records. Documentation that records or relates to confidential information may only be accessed by third parties pursuant to a legal process.

²¹ Bond, M., & Holland, S., *Skills of Clinical Supervision for Nurses. A Practical Guide for Supervisees, Clinical Supervisors and Managers* (2nd ed.). Berkshire: Open University Press, 2010 at p21.



Boundaries: Both supervisor and supervisee are expected to adhere to the clinical supervision agreement as agreed at the outset of supervision agreement (Appendix 1).

Agreement: The clinical supervision agreement should be discussed and agreed by both supervisor and supervisee at the first meeting. The agreement should be signed by both parties. The agreement is open to review as per both parties needs.

Confidentiality: All professional and clinical issues discussed are confidential and not discussed outside the supervision session. The exceptions to this will be outlined in the Clinical Supervision Agreement and may include circumstances where matters disclosed are of such a nature that they require disclosure to a third party. The supervisor will not disclose any information unless failure will lead to/support a criminal act.

Challenges: Supervisor and supervisee should be open to giving and receiving constructive feedback.

Review: Clinical Supervision Agreement will be reviewed at least twice yearly or more frequently if requested with the aim of ensuring a focus on purpose and direction of supervision.

Evaluation: Evaluation of the clinical supervision process will take place at least once yearly utilising an evaluation tool by services.



Implementation

It is the responsibility of the Area Director of Nursing to implement this framework at service level. It is recommended that information sessions on this framework are provided to nurses prior to implementation.

Monitoring and Evaluation

- The ONMSD will support the evaluation of this framework at two yearly intervals.
- It is the responsibility of the Area Director of Nursing to review and audit this framework at service level.



Appendix 1:

Guideline for Clinical Supervision Agreement:

Supervisors are required to formally complete a written agreement with their supervisees. These agreements are negotiated with reference to practicalities, the working alliance, learning goals, ethical and legal considerations, formative and summative feedback and evaluation.

The Clinical Supervision Agreement should address the following matters, which the Supervisor and Practitioner/Supervisee agree to:

- Draw up a Supervisory Agreement.
- To work together to reflect on issues affecting nursing practice, so as to develop personally and professionally towards maintaining a high quality of nursing practice and competence.
- To meet at on for:
- Ensure privacy and meet without interruptions.
- Keep agreed appointments.
- Maintain a record of supervision, showing the time and date of meeting. This may include headings of issues covered, and actions to be taken before next session.
- Notes made about, during or after the session will be kept by the Supervisor.
- To work to the Supervisee's agenda within the agreed framework negotiated at the beginning of the session.
- To work within the spirit of learning within the supervision sessions.
- To be open to feedback about how we conduct the session.
- All professional and clinical issues discussed are confidential and are not discussed outside the supervision session. The exceptions to this are when an issue/s discussed is of such nature that it requires to be raised with a third party. The supervisor will not disclose any information unless failure will lead to/support a criminal act.
- Routine written notes made during clinical supervision are retained in accordance with HSE Record Retention Policy.



As Supervisee I agree to:

- Prepare for the sessions and be responsible for the agenda.
- Take responsibility for making effective use of the time and for the outcomes and actions I take as a result of clinical supervision.

As Supervisor I agree to:

- Keep all information disclosed in the clinical supervision sessions confidential, barring exceptional circumstances, where matters discussed in the session are of such a nature that they require to be raised with a third party.
- In the event of unsafe, unethical, or potentially unlawful practice being disclosed, to attempt to persuade and support you to address the issues directly yourself, if appropriate, through appropriate channels.
- Offer advice, support and constructive challenge; to enable you to reflect on issues affecting your practice.
- Use my own clinical supervision to support and develop my own abilities in supervising you while maintaining confidentiality.

Changes to this agreement can be negotiated at any time:

Review Date: _____

Signed: _____ Date: _____
Supervisor

Signed: _____ Date: _____
Supervisee



Appendix 2

Clinical Supervision Recording Sheet

Supervision: One to one _____ Group _____ Team _____

Service/Department: _____

Supervisee/s: _____ Position: _____

Supervisor: _____ Position: _____

Date: _____ Time: _____

Agenda

Follow on items from last supervision meeting (if any):



Summary of discussion



Decisions Made	Responsibility	Date

Next supervision meeting: _____

Signed

Supervisee: _____ Date: _____

Supervisor: _____ Date: _____









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