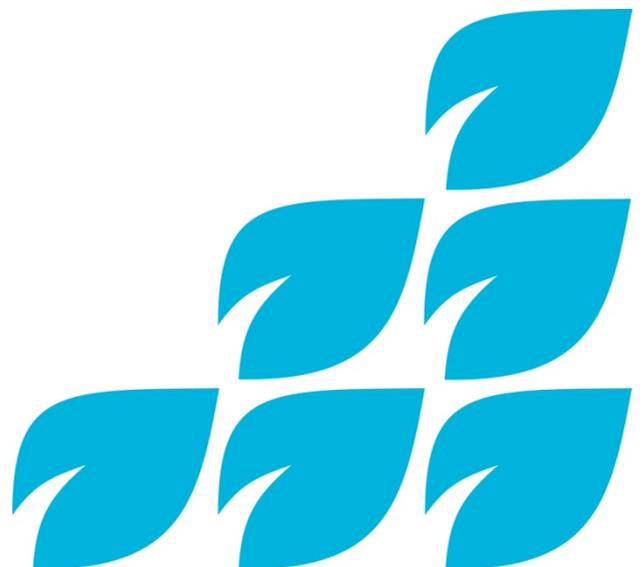




The Association
of UK Dietitians

BDA Practice Supervision



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1. Background and Getting Started

1.1 Introduction

This Practice Supervision Guidelines document has been developed by a working group of the BDA to update the previous Clinical Supervision Guidelines. The document details the process of practice supervision and provides some practical tools that can be used when developing and implementing supervision in any work related environment. This document encompasses all members of the dietetic profession including those working in the freelance setting and dietetic support workers. It is acknowledged that supervision structures may be more difficult to establish when working in isolation and may have to take other forms than face-to-face contact.

Practice supervision is part of the Governance Framework. It should be included within working practices and not considered as an “add on”. It is integral to delivering a quality service and should be embraced by the practitioner to enhance professional practice. By exploring work-based scenarios and reflecting upon practice, the practitioner will have the opportunity to develop not only themselves, but also the employing organisation.

1.2 What is Practice Supervision?

For the purpose of these guidelines we have used the term “practice supervision in place of the traditional term “clinical supervision”. The rationale is to encompass practitioners working in a wide variety of settings, not just the NHS. It will avoid discrimination and highlight the benefits practice supervision can bring to the practitioner, the work environment and the service user. Practice supervision is equally important and for all grades of staff and the wider workforce working in the service, i.e. nutritionists, support workers, admin and clerical staff.

Definition:

“Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individuals to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety of care.

(Adapted from www.dhsspsni.gov.uk)

Supervision does not have to be given by a member of the same profession. It can be delivered across professions and across multi disciplinary teams. Within some professions, supervision can encompass all dimensions of a post holder’s work including caseload, workload, professional management and personal day-to-day supervision.

1.3 Key Drivers

Practitioners working in any setting should be aware of their individual accountability for their practice. This is a key component of the governance framework. Practitioners should also be aware that they work in a climate of change with the expectation that they will continually have to meet new challenges. Practice supervision will help practitioners improve their practice and manage change. The supervision process can directly influence continuous professional development and the governance agenda.

The Health Professions Council (HPC), as the regulatory organisation for Allied Health Professionals (AHPs), has set Professional Standards of Continuing Professional Development (HPC, 2006). Continuing to update and extend knowledge and skills is an essential feature of maintaining the competency of professional practice. All HPC registrants are required to undertake continuing professional development (CPD) in order to maintain registration. Returnees to practice are also required to undertake CPD to regain registration. Evidence of continual education and training for dietitians will be formally requested by the HPC in 2010 and assessed on an ongoing basis.

Access to practice supervision is therefore a core element of the personal responsibilities a dietitian has to ensure that they remain fit for purpose and fit to practise throughout their career, whatever their scope of practice may be.

Dietetic support workers and the wider workforce employed in the service are also required to undertake CPD to meet their Knowledge and Skills Framework (KSF) outlines and competencies to practice.

Practice supervision facilitates life-long learning, engagement in self-development and identification of training needs. It also provides opportunities for professions to learn and develop together to ensure the practitioner remains flexible to changing practice and models of service delivery. Practice supervision sessions can be used continuously to review KSF skills, support the practitioner in their development and agree evidence that can be used at an annual appraisal. It is a complementary process.

The process of practice supervision links to two national workforce competencies (NWC) profiled at www.skillsforhealth.org.uk. The two that relate to supervision are GEN33 and GEN35. This maps to KSF Core Dimension 2; People and Personal Development.

For the organisation, practice supervision is described as improving multidisciplinary team working, enabling the development of Standards of Practice and enhancing the quality of services to service users.

Evidence from research shows that practice supervision combined with mentorship has a beneficial effect for all staff, irrespective of grade, length of service or occupational setting. The extent that these are felt will depend on the extent to which practice supervision is

properly implemented. In those circumstances where it has been withdrawn, there are measurable detrimental effects on the workforce (Butterworth, 1997). The table below summarises practice supervision.

What it is	What it is not
Supportive	Not appraisal
Contributes to continual development of skills/knowledge, understanding and future practice	Not a whinging session
Guided reflection which allows the individual to learn from positive and negative experiences	Not an assessment of practice
Focus on practice supervision	Not management supervision
Led by the supervisee	Not an assessment of quality of an individual's work

1.3.1 Practice Supervision VS Management Supervision

It is vitally important that staff do not confuse the boundaries of practice supervision and management supervision, particularly where practice supervision is a new concept to a department or where this has yet to be introduced.

Management supervision may address the agendas of both the supervisee and supervisor, whereas practice supervision is led by the agenda of the supervisee.

Examples of management supervision topics are monitoring and evaluating practice, time management, management of other staff, resource management and management of workload.

All staff and managers should be aware of the differences as highlighted above and should accentuate the positives of practice supervision.

1.4 Principles of Practice Supervision

The key principles of practice supervision outlined below must be promoted. This can be done by presentations to staff, provision of reading materials, or undertaking training courses. Further training by internal or external providers should support this.

The following practice supervision principles are well recognised within the Allied Health Professions. Local arrangements will need to take account of these guiding principles in developing systems which meet the requirements of all individuals working in a range of settings.

1.4.1 Principles

- Support and enhance practice for the benefit of service users.
- Develop skills in reflection to narrow the gap between theory and practice.
- Involve a supervisor and practitioner or group of practitioners reflecting on and critically evaluating practice.
- Be distinct from formal line management supervision and appraisal.
- Be planned and systematic and conducted within agreed boundaries.
- Be explicit about the public and confidential elements of the process.
- Facilitate clear and unambiguous communication, conducted in an atmosphere of beneficence.
- Define an action plan based on outcomes. The outcomes could then be more broadly developed to assist the practitioner's professional development through the appraisal process.
- Be evaluated against set standards from the time it is initially developed and implemented.

1.5 Who benefits from Practice Supervision?

Benefits to the individual practitioner	Benefits to the organisation	Benefits to the service user
<ul style="list-style-type: none"> • Provides a safe and supportive environment to enhance personal and professional development. • Uses guided reflection to aid learning from both positive and negative experiences. • Provides ring-fenced time for reflection. • Enables the practitioner to question his/her own practice. • Enables the practitioner to be challenged by their experiences. • Provides a framework to identifying personal learning needs. • Safeguards standards of practice. 	<ul style="list-style-type: none"> • Compliance with Government and Statutory body agendas. • Directly linked to Clinical Governance Agenda. • Safeguards standards of practice, reducing risk. • Improves the environment of care. • Promotes excellence in delivering high quality service for all. • Helps develop existing and new career paths. • Improves staff morale/satisfaction. • Supports staff retention. • Decreases sickness and absence. 	<ul style="list-style-type: none"> • Quality service from staff who receive appropriate support as and when required to meet need. • Helps maintain standards of care.

<ul style="list-style-type: none">• Increases feeling of support and personal well being.• Increases knowledge and awareness of possible solutions to practice problems.• Increases confidence, decreases incidence of emotional strain and burnout.• Increases self awareness.	<ul style="list-style-type: none">• Demonstrates the value of the practitioner.• Develops and promotes a learning culture in the organisation.	
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1.6 Person Specification – Practice Supervisor

There are particular qualities and skills required in order to be an effective supervisor.

Professional qualities	Personal qualities	Skills
<ul style="list-style-type: none"> • Relevant practice experience in the field within which practice supervision will be provided. • Good understanding of the philosophy behind practice supervision and the responsibility of a practice supervisor • Delivers high standards of evidence-based practice. • Engaged in continuing professional development. 	<ul style="list-style-type: none"> • Desire to undertake the role of a clinical supervisor. • Good interpersonal communication and listening skills. • Approachable and unbiased when dealing with others. • Trustworthiness and ability to maintain confidentiality of information. • Ability to reflect in action and facilitate constructive reflection from supervisee. • Ability to accept and respect views of supervisee. • Openness and supportive. 	<p>Managing the process: To structure and organise the process in line with the contract which has been established.</p> <ul style="list-style-type: none"> • Monitoring • Managing time • Using intuition • Reviewing and evaluating • Decision-making and action planning <p>Developing and maintaining the relationship: To develop rapport and maintain a process that will underpin the process.</p> <ul style="list-style-type: none"> • Active listening • Reflecting back and paraphrasing • Self-disclosure

	<ul style="list-style-type: none"> • Ability to be challenging but non-threatening. • Self awareness of beliefs, prejudices and motivations. • Empathy 	<p>Carrying out the supervision tasks: To facilitate the different tasks at each stage of the process.</p> <ul style="list-style-type: none"> • Questioning • Focusing • Using silence • Giving constructive feedback • Inform
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1.7 Responsibilities of the Supervisee and Supervisor

The relationship between the supervisor and supervisee is an important one and it is recommended that the supervision is supervisee-led. However the supervisor should take responsibility to ensure there is a balance between support and challenge for the supervisee within the session. Awareness of supervisee and supervisor roles is fundamental for this relationship to develop and should be discussed when agreeing the contract and be regularly reviewed. Supervision does not need to be undertaken by someone of a higher grade.

Responsibilities of a supervisor	Responsibilities of the supervisee
<ul style="list-style-type: none"> • Establish a safe environment to explore practice issues. • Negotiate a supervisory contract and agree professional boundaries about what issues will be discussed. • Arrange supervision sessions to include dates, venues and agendas. This responsibility could be shared with the supervisee. • Ensure supervisee has access to supporting paperwork, e.g. meeting record sheets. 	<ul style="list-style-type: none"> • Negotiate a supervisory contract and agree professional boundaries about what issues will be discussed. • Commit to attending supervision sessions and actively participate. • Undertakes preparation as is required to maximise the effectiveness of the supervision experience. • Bring to supervision sessions topics, case studies and issues to share and discuss, and to be prepared to reflect on this situation, e.g. workload, prioritisation, clinical reasoning, clinical management etc.

- Ensure meetings are documented with agreed action plans and timescale.
- Keep supervision sessions confidential between the supervisee and the supervisor *.
- Share responsibility for making supervision work.
- Help supervisee to explore and clarify thinking and feelings.
- Be non-judgemental, listen actively and challenge constructively.
- Give clear supportive and constructive feedback.
- Withdraw from the supportive relationship if unable to meet the requirements of the agreement.

- Be open to constructive feedback.
- Complete a reflective log of supervision sessions and action points with timescales as required.
- Keep supervision sessions confidential between supervisee and supervisor*.
- Accept appropriate responsibility for performance, learning and professional development.

*Both the supervisee and supervisor have a responsibility to abide by their professional Codes of Conduct and HPC standards. Where there are any concerns that professional standards are not being maintained and that this adversely affects practice then this must be reported outside of the supervision session. This will be implicit as part of the contractual agreement when a supervision contact is agreed.

1.8 Implementation of Practice Supervision

The success of implementing practice supervision is dependent on creating a culture where individuals are valued. This value is demonstrated in terms of time for personal and professional development to support practice in its broadest sense. Valuing supervision is important for the process to progress and develop. It requires continuing motivation and commitment from staff and recognition that this process cannot be rushed. Management support cannot be underestimated to allow staff to organise the necessary time that practice supervision requires.

In order for practice supervision to be accepted by the service, it is essential that all practitioners are involved in the process. A practice supervision system implemented from the top down can be viewed as another process of management control. It may alienate the practitioners it is intended to support. However, although a “bottom up” approach is recommended, it must have the support of management who will be responsible for allocating resources to support the system and for assessing the impact of practice supervision on the service. Therefore the development and establishment of practice supervision should involve both managers and staff.

Sufficient time should be given to introduce a system that all staff will see as a high priority. Ensure a realistic timeframe is set to introduce, deliver and evaluate formal practice supervision. In addition to time spent on the actual process of implementing practice supervision sessions, the practitioners’ ring-fenced time away from the service users during sessions will add pressure to their involvement in the supervision process. It is essential that both staff and management recognise and accept that time is well spent in practice supervision.

1.8.1 Implementation process of practice supervision

- Involve all individuals in the service, sign up staff and ensure management provide support and resources.
- Develop in partnership with managers and practitioners.
- Ensure support with appropriate resources (time, training, and replacement staff).
- Encourage staff to access BDA CPD policy and review BDA tools for reflection. The tools can also be used to support and prepare for supervision.
- Facilitate practitioner access to their chosen model of supervision, as appropriate.
- Support a local system for supervisors to further develop their skills in facilitation.
- Develop in parallel with collating a portfolio of learning, so that the practitioner develops skills of reflection, articulating and evidencing.

A practice supervision action plan is detailed in Appendix 1.

1.9 Audit and Evaluation

For practice supervision to be seen as an effective process, an audit of the system should be carried out. Recommended timescale of implementation for the audit process is on an annual basis, or after the sixth session as a minimum. This may be subject to negotiations at a local level. It is good practice to present the evaluation report to management and outcomes cascaded to staff. By providing evidence to assure staff and management of the benefits of the system, it should ensure its continuation.

Potential audit markers are:

- Safer clinical practice.
- Better assessment of patient/client.
- Improved patient satisfaction surveys.
- Reduced untoward incidents and complaints.
- Greater staff awareness of accountability.
- Better targeting of professional and educational development.
- Improved delegation.
- Increased innovation.
- Improved reflective skills.
- Reduced staff sickness.
- Improved staff retention.
- Enhanced input into management appraisal systems.

It is also essential to evaluate the process, including planning, implementation, evaluation systems and documentation. All those involved in the practice supervision process could complete an evaluation tool to assess its impact on the individual. There are several forms this might take such as interview, workshop, and questionnaire. The supervisee and supervisor can be asked whether practice supervision:

- Improves clinical practice.
- Effectively challenges working practice.
- Encourages planning of learning.
- Contributes to clinical and service development.
- Increases awareness of new areas of professional knowledge.
- Aids reflection on strengths/weaknesses.
- Assists in managing stress at work.
- Improves self confidence.
- Facilitates team working.

An audit of the process of practice supervision can involve gathering information from practice supervision contracts and practice supervision records. These can provide information on the types of models being used, pros and cons of support materials, frequency and duration of meetings, and reasons for cancellation of meetings. This data can be used to assess whether the process is working well. It does not include accessing the content of the supervision session.

See Appendix 11 for an example of an audit tool.

Taken from A guide to implementing clinical supervision The Chartered Society of Physiotherapy (September 2005).

1.10 Modes of Supervision

Within the framework of practice supervision there are a number of different modes of supervision. There will be situations where different modes work better than others:

1.10.1 One-to-one Supervisor/Supervisee

- One-to-one session with a supervisor who is experienced in the same discipline/area of practice. This is the most widely used method of supervision.
- One-to-one session with a supervisor whose experience is in a different area.

1.10.2 Group Supervision

- With a number of different supervisees, where one supervisor takes the lead or with a specific team of staff who have similar experiences – e.g. peer supervision. Supervisors should have appropriate group work experience in order to facilitate a group.
- With a number of different supervisees from different professions, where one supervisor takes the lead. Supervisor should have appropriate group work experience in order to facilitate a group.

1.10.3 Eclectic methods of supervision

- This is a combination of the above models.

See Appendix 2 for a breakdown of the strengths and weakness of the various approaches detailed above. There are other modes of supervision available that can be used to meet the needs of a service.

1.11 Practice supervision Process

1.11.1 Ground Rules

When setting up a supervision framework it is important to establish some ground rules first, so that all parties involved know where the boundaries are and what measures may have to be taken if the supervision process is not working.

1.11.2 Frequency

The frequency discussed below relates to formal practice supervision and is not about general day-to-day supervision of staff which will vary according to experience and grade of staff. Formal structured practice supervision should be held at intervals to suit the needs of the supervisee and supervisor. Please refer to your own organisation/professional body guidelines for frequency.

A minimum recommendation is at least once every two months. The workload management toolkit (BDA, 2004) refers to 45 minutes of supervision per week.

Obviously, this is a guide and does not have to exactly reflect the time spent on practice supervision, as this will vary according to the needs of the practitioner. This will be agreed when setting up your contract.

Staff requiring supervision through a presenting critical incident or emergency scenario should receive this within the framework of their day-to-day supervision process.

1.11.3 Confidentiality

A supervision contract needs to include a clear agreement about confidentiality. It is recommended that you are aware of your organisational policy on confidentiality during practice supervision sessions.

Issues brought to practice supervision should not be discussed outside the session unless agreed by the individual/group. Issues which may be taken outside the group may include those which require action by others e.g. where there is a serious concern about clinical risk, safety of practice, or breach of Code of Professional Conduct (BDA, 2008, HPC Standards of Proficiency (HPC, 2007), HPC Standards of Conduct, Performance and Ethics (HPC, 2008).

Training or development needs may be identified through practice supervision and these can be brought to the appraisals meetings with the appropriate manager.

1.11.4 Recording and Documentation

The supervisor will hold the documentation. The supervisee will be provided with a copy of the documentation. The supervisor is responsible for ensuring practice supervision sessions happen and are recorded. All documentation should comply with BDA Guidance for Dietitians for Record and Record Keeping (BDA 2008).

1.11.5 Administrative support for practice supervision

Administrative support is a local issue and should be agreed prior to implementation of the process.

1.11.6 Termination

Either party may opt out of the supervisory relationship at any time, as the agreement is voluntary. It is advisable to discuss the relationship from time to time in order to evaluate it. If either party finds the session is becoming uncomfortable or unmanageable, it is advisable to stop the session and seek advice from line management. The supervisee should receive support until a new supervisor can be selected.

2. Tools to Support the Process

2.1 Supporting tools for Practice Supervision

Practice supervision can take many forms. The following tools may help you to develop your practice supervision sessions to be most effective. Everyone can develop supervision to meet their needs. These questions and ideas provide a starting point but are not meant to be prescriptive.

2.2 Practice Supervision Network Directory

In some organisations, practice supervision may be well established with a wide pool of supervisors to choose from. Arrangements for supervision should be made on a basis of need, which allows for flexibility of supervisors from the same profession or across professions and MDT teams.

If a supervision arrangement does not appear to be fulfilling an individual's needs this should be discussed and a new supervisor should be sought. To facilitate the process of matching a practice supervisor with a supervisee it may be helpful to set up a practice supervision network directory.

A sample form to help achieve this can be found in Appendix 3.

2.3 Setting Up Contracts

2.3.1 The supervision contract – content

A supervision contract is the most essential ingredient that underpins the supervisory relationship. The contract is a negotiated agreement which identifies ground rules about the supervision process.

The contract must be agreed between supervisor and supervisee and any exemptions to this agreement need to be firmly established from the outset. A contract should include the following:

- Essential details.
- Supervisee.
- Supervisor.
- Date of contract.
- Period of contract.
- Mode of supervision.
- Agree goals and outcomes.
- Practicalities.
- Frequency of sessions.
- Length of sessions.
- Venue.
- Procedure for changing a session.
- Acceptable reasons for cancelling a session.
- Punctuality.
- Review arrangements.
- Ethics and responsibilities.
- Code of ethics and practice.
- Issues of confidentiality.
- Responsibilities of supervisee.
- Responsibilities of supervisor.
- Agenda issues.
- Topics for inclusion.

See Appendix 4 for an example of a contract.

2.4 Environment

It is important that the environment for practice supervision is suitable to ensure the session is as effective as possible. Some examples of how this might be facilitated are detailed in Appendix 5.

2.5 Session Structure of Practice Supervision

The structure the supervision session will help the session to remain focused; an example of the type of structure using reflection that could be used is detailed in Appendices 6 and 7.

2.5.1 Setting the agenda for the session

It is important for the supervisee to consider what they wish to deal with in the time available. The supervisor may wish to identify how much time the two of you or the group have for this session. The supervisee will quickly understand the need for prior consideration of issues to bring to supervision. This will speed up the agenda setting as they will know what they want from the session with little prompting.

However, there are some specific points that the supervisor may wish to clarify.

2.5.2 What will be on the agenda today?

The main part of each session will involve the supervisee describing and discussing their work through the process of reflection.

2.5.2.1 Supervision Topic

Just some of the topics that you could identify include:

Routine and complex cases, critical incidents, clinical risk – what to do if you have made an error? Effective practice, integration within teams, supporting and delegating, empowerment, report writing, multi-agency working, and resource issues affecting practice. Practitioners also have a responsibility to take to supervision any difficulties, uncertainties or distressing aspects of their work.

Service managers may want to consider the following topics for their supervision agenda, i.e. challenging service work load issues, developing service policy, interview panels and HR issues.

2.5.2.2 Reviewing the work done since last session

It is essential that continuity is maintained between sessions. To help the supervisee in linking the supervision sessions directly to practice, it is useful to use the following type of questions to evaluate the effects of the previous session:

- What were the main issues we talked about last time?
- Were there any thoughts or feelings that you had about the last session?
- What was useful or not useful about the last session?
- What specifically did you decide to do after the last session?
- Is this what you did? If not what stopped you?
- How have you reflected on your work since the last session?
- Have you been talking to anyone else about the things we dealt with last time?
- If you have, did it help?

There are many secondary questions and other types of response that may need to be used to explore the answer to these questions. The main intention of this review is to provide information and discussion to orientate and focus both Supervisee and Supervisor at the start of the session. It will start the more formal work in the session.

2.5.2.3 Session review and orientation into the future

It is important to finish each session by paying attention to how the time has helped the supervisee in the reflective process. The session may not have provided all the answers, and may in fact have left the supervisee with even harder questions about their practice or personal issues. It can be productive therefore to identify these issues at the end of the session. Specific decisions relating to changes in practice and the need for practice development to take place before the next session can be identified. This will help at the start of the next session.

2.5.2.4 Action plan for next meeting

It is essential that an outcome-based action plan is developed between supervisee and supervisor and it is agreed and signed off at the end of each session.

2.6 Further tools to support the practice supervision session

2.6.1 Learning styles

It is important to understand both the supervisor's and supervisee's learning style to ensure the supervisor is able to support and empower the supervisee in a safe learning environment. This will facilitate the development and enhancement of future practice. Information on learning style questionnaires can be accessed at:

- www.PeterHoney.com/HoneyMumford
- www.vark-learn.com

2.6.2 Should you be a practice supervisor quiz

This will give an indication of potential to become a practice supervisor. See Appendix 8.

2.6.3 Supervision attendance and monitoring forms

A sample supervision attendance form and monitoring form are profiled in Appendices 9 and 10 respectively.

2.6.4 Supervision Audit

An example of an audit tool is available in Appendix 11.

Appendix 1 - Practice Supervision Action Plan

The following is a useful checklist for implementing practice supervision systems.

Stage	Action	Date achieved
Planning	<p>Formal agreement is given by management on implementation of a practice supervision strategy.</p> <p>A practice supervision lead (individual or group) is appointed to work on implementing the scheme.</p> <p>Understanding of and interest in practice supervision is assessed among all staff (group workshop, questionnaire) to assist with future planning and training.</p> <p>Presentation of findings to management including:</p> <ul style="list-style-type: none"> • Resource implications for implementing practice supervision. • Expected outcomes for staff, organisation and service delivery. <p>Management commitment to next stage is required before moving to the next stage.</p> <p>Development of evaluation mechanism to gauge how effective practice supervision will be: what are the anticipated outcomes for staff, service users and organisation.</p>	

Set-up	<p>Presentation made to all staff on generic issues around practice supervision: definition; purpose; roles and responsibilities; process; outcomes.</p> <p>Practice supervisor volunteers are requested for training. Open to all appropriate staff. Training given to practice supervisors on required skills, knowledge and abilities.</p> <p>Relevant documentation is created to support the system, i.e. generic contracts, session records, action plans.</p> <p>All staff have access to a practice supervisor.</p>	
<p>Practice supervision sessions commence</p>		
	<p>Follow-up training/support provided by lead as appropriate.</p>	
Evaluation	<p>Evaluation with all staff carried out at previously agreed review date: Individual's development and benefits evaluated: process of implementing and executing system evaluated.</p> <p>Review and improve documentation as appropriate.</p> <p>Evaluation.</p> <p>Present evaluation report to management and make recommendations for continuation of/alteration to system accordingly.</p>	

Appendix 2 - Strengths and potential weaknesses

Of individual supervision

Strengths	Weaknesses
More time for supervisee.	Full focus on individual supervisee.
Opportunity to create clearer and more focused objectives.	Input from only one person (supervisor).
Highly personalised.	Difficulties if supervisory relationship breaks down.
Supervisee can work at own pace.	Evaluation and feedback from one person's perspective only.
Non-competitive environment.	Can become collusive with little challenge.
Allows supervisee to concentrate on one particular issue.	Can foster dependency in supervisees.
Development in supervision can be easily monitored.	Less comparison for supervisees re: other ways of working.
Supervisor's intentions can be geared specifically towards the learning of the supervisee.	

Of group supervision

Strengths	Weaknesses
Input from a number of people.	Individual's needs may not be addressed.
Supportive atmosphere from peers.	Individuals may get "lost" or "hide" within the group.
Values of listening to others describe their work and problems they face.	Maybe a lack of time for group members with large case loads.
Cost effective in time and economics.	Not all are suited to group work.
Can allow experimentation with other interventions.	Can be used as a "dumping ground".
Can help supervisees deal with issues of dependency on supervisors.	Group dynamics may temporarily impede the task.
Evaluation and feedback from a number of people.	Pressure to conform, "Group think".
Risk taking can be higher in a group setting.	Difficulty for newcomers to enter group.
Emotional support from peers.	Some topics may not be of interest to other group members.
Issues arising from within the group can be addressed.	Lessening of confidentiality.
Dilutes power of supervisor.	Overload for some members.

(Hawkins and Shohet, 1992,)

Appendix 3 - Directory form

Practice Supervision Network Directory

Name:	Mode of Clinical Supervision (please tick one): Group <input type="checkbox"/> One-to-one <input type="checkbox"/>
Position:	Are you willing to be a supervisor?
Base:	Other health professional to supervise: Name: Agreed: Y/N

Summary of current job role:

Key Skills:

Areas of Interest:

Career history and personal profile:

(What you would like your colleagues to know about your career to date and you personally)

Office Use Only:

Supervisor/Supervisee

Appendix 4 - Practice supervision contract

Supervisor/Group Supervisor:		Designation:	
Supervisee:		Designation:	
Frequency:		Duration:	
Venue:		Procedure for changing a session:	
Ethics and responsibility:			
I will agree to be punctual to all supervision sessions			
<p><u>Record Keeping:</u></p> <p>Type of record to be kept, who will keep them and how the record will be used.</p> <p>Where records will be kept, who will have access?</p>			
<p><u>Confidentiality agreement:</u></p> <p>E.g. We agree that issues relating to Code of Conduct can be raised outside of the supervision session.</p>		<p><u>Signatures:</u></p> <p>Supervisor:</p> <p>Supervisee:</p>	
<p>Purpose of Meetings:</p> <p>The primary aim of Supervision is the welfare of patient/clients through the supervisees' learning process in terms of knowledge, skills, attainment, development and attitude refinement.</p>			

Goals for Supervision:

- To reflect on at least one area of practice during each practice supervision session.
- To achieve demonstrable developments in dietetic practice.
- To ensure quality in practice.
- To feel supported in practice.
- To share experiences and learn from each other to develop services and the individual.

Agreed to prepare items for discussion:

Date for review of Contract:

Appendix 5 - Practice supervision – the appropriate environment

Condition	Is this available?	What changes do you need to make?
Comfortable seating		
Appropriate room layout		
Acceptable level of background noise		
Avoidance of interruptions and distractions		
Access to appropriate refreshments		
Facilities for any special needs		
Privacy		
Easy access from place of work		

Appendix 6 - Supervision Record

Name:

Date:

Agenda:

Supervision Topics for this session:

Review of Last session:

Issues discussed at this session:

Agreed action:

e.g. What have I learned:

What will I do differently:

Agreed action by supervisor:

Signatures:

1.

2.

Date of next supervision:

Time:

Venue:

Appendix 7 - Reflective practice (Gibbs, 1988)

1. DESCRIBE WHAT HAPPENED

Where did it occur?

What happened?

What was your role in the event?

2. ANALYSE WHAT HAPPENED

Why was it important?

Were there notable outcomes?

How did you feel?

What was satisfactory?

3. EVALUATE THE EVENT

Challenge your practice and knowledge.

What might have been done differently?

What have you learned?

What are your feelings now?

4. INFORMING FUTURE PRACTICE

What are the key learning points that must inform you future practice?

How will you make this happen?

Appendix 8 - Should you be a practice supervisor?

Answer Yes, Sometimes or No to each question

		Score
1.	Do you know what it is like to have worries concerns and frustrations about your work?	
2.	Do people seek you out to talk about their worries, frustrations and concerns?	
3.	Is the amount of time that you spend listening at least four times what you spend talking?	
4.	Has anyone in your life helped you uncover an aspect ability or talent of yours that, until then, had lain dormant and unrecognised?	
5.	Has anyone provided you with a quote that had great meaning to you, that influenced your thinking and behaviour, and that you sometimes pass on to others?	
6.	Has anyone provided you with an enlightening experience that enabled you to understand the meaning of some event, in someone, in something or in yourself?	
7.	Has anyone helped you to gain knowledge about how things work, about how things get done?	
8.	Has anyone encouraged you to find a way to deal with challenges in your life or work?	
9.	Has there ever been anyone in your life who had a profound positive effect on you, but you didn't realise it until much later in your life?	
10.	Has anyone provided just the right help to you at just the right time?	
11.	Has anyone helped you to grow and deepen your character, moral or ethical integrity or gain a stronger commitment to your values?	
12.	Has anyone inspired you to shift the direction of your life in a constructive way?	
13.	Have you ever reached out to another person who was in need and what you provided appeared to make a beneficial difference to that person?	

14.	Do other people reach out to you to assist them with important life or career decisions?	
15.	Have you ever had an experience where something you observed, read or experienced had a profound effect on your strengths and abilities?	

Add up your total score

Yes = 5 Sometimes = 3 No = 2

If your total score is between **60 and 75** you not only have potential to be a great practice educator, but you are probably already acting as a practice educator to several people.

If your total score is between **45 and 49** you are clearly valued and have experienced what it takes to be a practice supervisor.

If your total score is between **30 and 44** you have some strengths that can blossom into great supervisor opportunities.

If your total score is below **29** training and exploration may help you achieve your goal to become a practice supervisor.

Appendix 9 - Practice Supervision Attendance Form

Frequency of Contact: 2 monthly Name of Group Facilitator/ Supervisor:

Date	Session cancelled/missed (reason)	Content of Supervision Session						Duration	Signatures	
		Clinical Practice			Relationships		Support/ Restorative			
		Ind patient care	Procedural	Policy	Patient	Professional			Supervisor	Supervisee

Appendix 10 - Supervision monitoring form page ___of___

Frequency of contact: 2 monthly

Name of supervisee:

Grade: Band

Name of supervisor:

Planned date	Session cancelled (code)	Content						Type of Contact		Duration	No. of weeks between sessions	Signatures	
		Management	Clinical			Professional		Face to face	Tele-phone			Supervisor	Supervisee
			Group	Indiv	Docu-mentation	Devt	Support						

Appendix 11 - Example of audit tool A

The audit of supervision should take after the sixth session as a minimum, or on an annual basis. The aim is to ensure that a high quality of supervision takes place within the service and reviews the standard and guidelines for supervision.

1. Service area:

Please state clinical specialism:

2. Your grade:

Band 2

Band 3

Band 4

Band 5

Band 6

Band 7

Other – please state.....

3. Have you received your copy of the supervision package?

Yes

No

4. Please rate the supervision package:

Very helpful

Helpful

Unhelpful

Very unhelpful

5. Have you ever had any training about supervision?

Yes

No

If yes, please specify:

6. How often is your supervision?

1 weekly

2 weekly

3-4 weekly

5-6 weekly

7-8 weekly

Please state other:

How long is your supervision for: _____

7. Are your sessions ever cancelled?

Yes

No

How often?

Why?

8. Is the environment suitable for your supervision sessions?

Yes

No

Is the environment quiet?

Yes

No

Is the environment free of disturbances?

Yes

No

Is the environment private?

Yes

No

Is the environment within your locality?

Yes

No

9. Do you understand the boundaries of confidentiality?

Yes

No

Has it been discussed within your supervision sessions?

Yes

No

Do you think it is being adhered to?

Yes

No

10. Have you negotiated a supervision contract?

Yes

No

Is the contract written?

Yes

No

Were the aims defined?

Yes

No

Is a review date recorded for your contract?

Yes

No

Do you record your supervision sessions?

Yes

No

11. How do you rate the quality of your supervision sessions?

Very satisfactory

Satisfactory

Unsatisfactory

Very unsatisfactory

12. How have you benefited from the supervision?

13. Does your supervision cover the following areas?

Tick one or more

Support

Challenging practice

Reflection on clinical practice

Regular feedback

- Professional responsibilities
- Management of self
- Clinical casework
- Development of clinical skills
- Career developments
- Managing stress

14. Please add any other comments about Supervision or the Supervision Package:

Thank you for completing this questionnaire

Taken from NHS Lothian Occupational Therapy Supervision resource Pack (2007)

APPENDIX 12: Example of Audit tool B

Service area:

Clinical Specialism:

Please state grade:

Band 1 Band 2 Band 3 Band 4

Band 5 Band 6 Band 7 Band 8

Please consider pre-supervision preparation in this section:

1. Have you referred to the BDA practice supervision guidelines in preparation for your sessions?

Yes No

2. If Yes do you feel this information provides sufficient information to support your practice supervision?

Yes No

If No, what else would be helpful?

3. Have you ever had any training about practice supervision?

Yes No

If yes please specify:

Please consider timing and frequency of supervision sessions in this section:

4. How often is your supervision?

Weekly Fortnightly Monthly

Every 2 months Other:

If 'other' please state: _____

5. Please rate adequacy of the frequency of your supervision

Adequate

Inadequate

If inadequate please state why: _____

6. If you feel frequency is not adequate please state your preferred option of frequency (please bear in mind BDA guidelines recommend a minimum of 6 sessions / year):

7. When does your supervision session occur?

Morning Afternoon

If the current timing of your practice supervision is unsuitable, please state why:

8. Are your sessions ever cancelled?

Yes No

If yes, how often?

Why?

9. Consider the following aspects of the environment suitability for your supervision?

	Significantly agree	agree	disagree	Significantly disagree
Quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free of disturbances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of access (locality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How long do your Practice Supervision sessions last?

0-30 mins 30-60 mins 60-90 mins 90+ mins

12. Is the length of sessions satisfactory for you?

Yes No

If not please indicate below how long you feel your sessions should last:

Please consider the type and make up of supervision session you have for the following questions:

13. Is your supervision?

1:1 Group

14. If group how many Supervisee's are in your group?

2 3 4 5 6 7 8

15. Do you feel the number in your group is adequate?

If not, what number do you think would be preferable?

16. Are the other supervisees in your group:

All of the same banding? Mixed banding?

17. Do you feel the dynamics of your particular group is effective?

Effective

Not effective

Please comment:

Please consider the structure and content of your particular practice supervision sessions when answering the following questions:

18. Have you negotiated a supervision contract?

Yes No

19. Have you been provided with a copy of your contract?

Yes No

20. Have you had the opportunity to review your contract?

Yes No

21. If you haven't reviewed the contract yet, is there a review date agreed?

Yes No

22. Do you understand the boundaries of confidentiality?

Yes No

23. Have you discussed importance of confidentiality when planning the contract?

Yes No

24. Do you think confidentiality is being adhered to within your group?

Yes No

25. When considering the actual structure of your sessions do you feel they are effective?

Yes No

If no please provide reasons:

26. What areas of Practice does your supervision cover? Tick one or more:

Support Challenging practice

Reflection on clinical practice Professional responsibilities

Clinical casework Management of self

Career development Managing stress

27. Have you presented anything within your supervision group?

Yes No

If yes, was the outcome beneficial?

If No, What could have improved the outcome?

28. . Do you keep a record of your supervision sessions for your CPD portfolio?

Yes No

29. Do you feel the paperwork supporting the documentation of supervision is adequate?

	Significantly adequate	Adequate	Inadequate	Significantly inadequate
Contract form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Register form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session reflection forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any other comments relevant to Practice supervision within Cardiff and Vale Nutrition and dietetic service:

Thank you for completing this questionnaire

Taken from Cardiff & Vale NHS Trust, Nutrition & Dietetic Dept, May 2009

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©2011 The British Dietetic Association
5th Floor, Charles House, 148/9 Great Charles Street Queensway, Birmingham B3 3HT
Tel: 0121 200 8080 Fax: 0121 200 8081 email: info@bda.uk.com

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