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CLINICAL SUPERVISION IN MENTAL HEALTH NURSING

Frequently Asked Questions



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Q. *What is clinical supervision?*

Clinical supervision is “regular, protected time for facilitated, in-depth reflection of or on 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/he plays as an individual in the complexities of the events and the quality of her/his 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.

Q. *Who should receive clinical supervision?*

All nurses and midwives registered with the Nursing and Midwifery Board of Ireland (NMBI) are advised to engage in the process of clinical supervision in their career whether they remain in clinical practice or move into management, research, or education.

Q. *Why do nurses need clinical supervision?*

Clinical supervision provides a structured approach to deeper reflection on clinical practice. This can lead to improvements in clinical practice, service user care and outcomes. It is also an important process in supporting nurses within organisations with elements of clinical governance in the following ways: quality improvement, risk management and performance management and systems of accountability and responsibility.



Q. *What are the benefits of clinical supervision?*

It supports nurses to develop their clinical skills and professional practice in response to service user needs; it values and enables the development of professional and practice knowledge to meet these demands; it provides relief from the emotional and personal stress involved in nursing; it encourages professional and personal growth; it is a component of clinical governance; it is an aid to improving standards and the quality of nursing care; and it is for nurses, about nurses and on the whole provided by nurses.

Q. *How is clinical supervision different from case management?*

Clinical supervision is a contracted agreement where the supervisor provides support to the supervisee and facilitates the development of knowledge and skills about their practice in a safe, reflective, supportive space.

Case management is a care delivery model designed to coordinate and manage service users' care across the continuum of health care systems. The management role involves managing staff in their area of work and ensuring that they abide by policies, procedures, protocols and guidelines (PPPG's) within their clinical work area. This role may include meeting with staff to discuss aspects of their work such as clinical issues, clinical governance, performance and appraisal of the nurse's practice and administrative issues.

Q. *Should your line manager be your clinical supervisor?*

Where possible the supervisee should have a choice as to who they want to be supervised by. The supervisor and supervisee will collaboratively agree a contract during the contracting stage of clinical supervision to establish boundaries about how best they may work together. Generally clinical supervision should not be provided by your line manager; however there will be some situations in which a supervisee will be comfortable having supervision with their line manager.

Q. *What is the process of commencement of clinical supervision?*

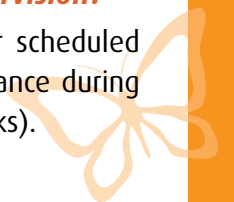
Each area should identify nurse leaders to drive the implementation of clinical supervision; supervisees may contact the supervision lead or make a request through their manager that they would like to avail of clinical supervision. The identified lead will coordinate how to link the supervisee with a supervisor. This will be conveyed to the relevant manager in their area of clinical practice or area of work.

Q. *Where does clinical supervision take place?*

Ideally supervision is best provided in a quiet uninterrupted space away from the clinical area where the nurse is working. However, in exceptional circumstances it may be held in the area of work if there are staffing issues or unexpected events as opposed to not being held at all.

Q. *Do I have protected time to attend clinical supervision?*

Clinical supervision should take place during your scheduled working day and the time is protected for attendance during your working hours (not during lunch or meal breaks).



Q. *How frequent are clinical supervision sessions?*

Normally supervision is held 4 to 6 weekly. In certain circumstances the interval between sessions may be shorter or longer if required depending on rostered working hours (night duty) or annual leave.

Q. *How long is a clinical supervision session?*

The duration of the session will be different for i) individual supervision 45- 60 minutes and ii) group supervision 90- 120 minutes depending on the numbers within the group session.

Q. *Is clinical supervision confidential?*

Generally confidentiality within clinical supervision is assured. There are however exceptions to maintaining confidentiality including issues such as identification or disclosure of unsafe practice, mandatory reporting requirements, Freedom of Information issues and possible disclosure in a criminal case. Confidentiality will be discussed in depth at the contracting stage of supervision.

Q. *What is a clinical supervision agreement/contract?*

A formal clinical supervision agreement/contract details the model utilised in the sessions, the format of supervision, the frequency and venue for sessions, attendance schedule, identification of learning needs, details of conflict resolution processes and can include how to potentially utilise feedback and evaluation in the clinical supervision process.

Q. *Are records kept of the clinical supervision sessions?*

Both the supervisor and the supervisee keep copies of the formal supervision agreement. The purpose of documenting the supervision sessions enables the supervisor and supervisee to monitor progress and assists with the review and evaluation process. Clinical supervision documentation must be stored and kept in a secure, locked space or be saved electronically on encrypted computers/laptops following GDPR guidelines.

Q. *Can I choose whether to have one-to-one, peer or group clinical supervision?*

The format of supervision offered locally depends on what has been developed in your area, the availability of supervisors who have undergone training and the agreed local format. Please refer to the local supervision lead in your area.

Q. *What is the model utilised in clinical supervision?*

The model utilised within the guidance document is Proctor's (1987) model which clarifies three functions of supervision: i) the normative function of supervision has its focus on professional accountability, professional norms, and clinical governance; ii) the restorative function focuses on supporting the supervisees within their clinical practice; and iii) the formative function in supervision places emphasis on the developmental needs of the practitioner, is seen as the educational process and involves the development of skills and competencies.



Q. *Do I need to prepare for my clinical supervision sessions?*

It will be useful to plan what to discuss/reflect upon from your clinical practice or recent clinical experiences and consider questions you would like to ask to make the supervision session more beneficial. However, there will be times when the supervisee is not clear how they want to use the time, but by utilising the reflective space the supervisee has the opportunity to explore unexpected or unplanned work issues that may come to the surface.

Q. *How will it impact on the service users I am working with?*

Service users should be informed that the mental health nurses engage in clinical supervision activity which aims to improve clinical practice and enhance outcomes.

Q. *Is clinical supervision mandatory?*

It is currently voluntary to attend clinical supervision, but it is seen as a key activity for nurses to enhance their nursing practice.

Q. *What if my manager does not support me attending clinical supervision?*

This can be addressed with either the supervision lead in your local area, the Nurse Practice Development Coordinator, the Assistant Director of Nursing or the Area/Director of Mental Health Nursing.

Q. *What if you are supervised by or are supervising someone of the same grade?*

The choice of supervisor is an important issue which can influence the success of the supervisory relationship. If the supervisee or supervisor is not comfortable with the arrangement for whatever reason then alternative arrangements should be made. Peer supervision – where supervisor and supervisee are at the same grade will be useful in certain circumstances, particularly where comprehensive understanding of the clinical practice role is required.

Q. *What if you are working in the same clinical area?*

As with peer supervision outlined above, the knowledge and appreciation of the specific clinical area may be advantageous in certain circumstances. However, the supervisee should be offered a choice of supervisor and can opt for what they believe will be the most beneficial to them.

Q. *What happens if there are staff shortages on the day and I cannot attend my scheduled clinical supervision?*

You will need to contact your supervisor as soon as is possible and reschedule your next session.

Q. *What if I am out sick on the day and cannot attend?*

You will need to contact your supervisor as soon as is possible to let them know and arrange to contact them when you return to work to reschedule your next session.



Q. *Would I be expected to attend clinical supervision on my day off?*

Clinical supervision should not be held during your time off.

Q. *What happens if I would like to change clinical supervisor?*

If the supervisee or supervisor are not happy with the supervisory relationship it is possible to request a change in supervisor and/or supervisee without apportioning any blame. The supervision lead and manager should be informed of the change.

Q. *What if I cannot work with my supervisee?*

This can be discussed with the supervision lead, the supervisor and with the supervisee. The supervisee will be offered a different supervisor and the supervisor can discuss options for their future supervisory practice with the supervision lead.

Q. *What happens if a conflict occurs between the supervisor and the supervisee?*

The process of resolution must be followed by both parties. At the first meeting and contracting stage of clinical supervision the supervisor must discuss what might happen in the event of conflict and discuss potential solutions. The early identification and resolution of conflict may enhance the supervisory relationship, but if the relationship has broken down irreparably the clinical supervision lead can be contacted and a change made in the supervision arrangements as promptly as possible.

Q. *Is clinical supervision evaluated?*

It is suggested that informal evaluation of the clinical supervision takes place on a regular basis and that feedback is exchanged between supervisee and supervisor to promote learning. Local areas may undertake audits, evaluation or research of the supervisory activity and practice.

Q. *When does clinical supervision end or is it ongoing?*

It is generally ongoing, but if one or other party or both make a decision to end the supervisory relationship, this will be documented, and the clinical supervision lead and the nurse manager(s) informed.

Q. *How does a nurse become a clinical supervisor?*

A nurse should have at least five years experience if they wish to provide clinical supervision to nursing staff. The supervision lead can be contacted to express interest in developing clinical supervision skills and offering supervision to other nursing staff following training.

Q. *What training do I have to undertake to become a clinical supervisor?*

There is a three day Clinical Supervision Training Module, which is approved by the NMBI, and will be held in RCNME's throughout the country.

Q. *If I don't want to become a supervisor can I still access clinical supervision?*

Yes that is still possible, clinical supervision should be available for all nurses.

Q. *Will I be entitled to receive clinical supervision of my supervisory practice?*

It is essential that supervisors are offered clinical supervision of their supervisory practice by a person experienced in clinical supervision to gain skills, access support and develop supervision competencies. This can be offered individually or in a supervisors' group setting.

Q. *Will I have support if I become a clinical supervisor?*

It is recommended that the lead supervisor establishes regular (two/three monthly) supervision for the supervisors to support their supervisory practice and assist with the implementation process.

Q. *What do I do if I have concerns about my supervisee's clinical practice?*

Initially this should be addressed by the supervisor with the supervisee and if the concerns cannot be resolved, then contact should be made with the supervision lead and manager to discuss a plan of action.

Q. *How many people would I be expected to supervise?*

It is recommended that supervisors offer clinical supervision to one or two members of nursing staff on an individual basis. Some supervisors may supervise more nurses especially if they are working in a specialist area or if they provide group supervision.

Q. *What if my manager does not support me providing clinical supervision?*

This can be discussed with the supervision lead, Nurse Practice Development Coordinator, Assistant Director of Nursing and or Area/Director of Mental Health Nursing.

Q. *How long would I be expected to supervise someone for?*

This can be an on ongoing agreement or it can be planned for a specific length of time depending on the requirements of the supervisee, for example supporting a nurse during a Post Graduate programme. The arrangements can be established at the contracting stage of clinical supervision or the request could be specified to the supervision lead prior to matching the supervisee and supervisor.

Q. *Are there any guidelines and policies for clinical supervision for nurses working in Mental Health Nursing?*

There is a national "Clinical Supervision Framework for Nurses Working in Mental Health Services" (2015) and a national "Clinical Supervision for Nurses Working in Mental Health Services: A Guide for Nurse Managers, Supervisees and Supervisors" (2019) and a "National Policy for Clinical Supervision in Psychiatric/Mental Health Nursing" (2019). It is proposed that an implementation plan for the roll out of clinical supervision is devised at a local level.



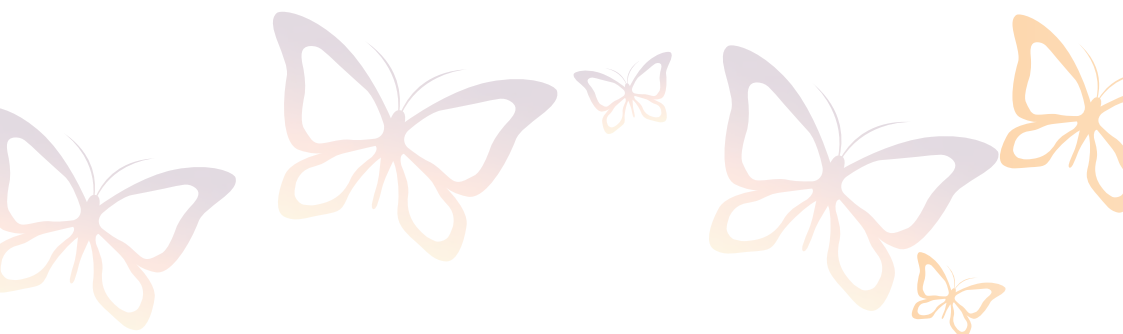
Appendix 1

National Group for Clinical Supervision in Mental Health Services: Membership

Name	Title	Organisation
Dr James O'Shea Co-Chairperson	Director of Nurse Education, Mental Health (Director of Regional Centre of Nursing & Midwifery Education from April 2018 onwards)	Office of the Nursing and Midwifery Services Director (ONMSD) & Mental Health Services
Ms Liz Roche Co-Chairperson	Area Director NMPD – DML	Office of the Nursing and Midwifery Services Director (ONMSD)
Ms Caroline Kavanagh	Nurse Tutor	Nursing & Midwifery Planning & Development, Dublin North
Ms Anne Buggy	Area Director Mental Health Nursing	HSE Carlow, Kilkenny, South Tipperary Mental Health Services
Ms Caitriona McDonagh	Area Director Mental Health Nursing	HSE North Dublin Mental health Services
Ms Anne Brennan	Director - Nursing & Midwifery Planning & Development	HSE Dublin North
Ms Sinead Connaire	NMPD Officer	HSE South (Cork & Kerry)
Mr Con Buckley	Service User representative	
Ms Aisling Culhane	Research & Development Advisor	Psychiatric Nurses Association
Ms Gina Delaney	Family Member & ARI Representative	Advancing Recovery In Ireland – HSE MHD
Ms Imelda Noone	Practice Development Coordinator	HSE Dublin North City Mental Health Services
Ms Tina Nutley	Clinical Nurse Specialist & Clinical Supervisor Mental Health Nursing	National Forensic Mental Health Services
Ms Lucy Roberts	Registered Advanced Nurse practitioner & CBT Therapist/Clinical Supervisor - Mental Health Nursing	HSE Carlow Kilkenny, South Tipperary Mental Health Services
Ms Maureen McCafferty	Assistant Director of Mental Health Nursing & Clinical Supervisor Mental Health Nursing	HSE, Waterford/Wexford Mental Health Services
Ms Mairead Mc Gahon	Interim Director Centre of Nurse Education	HSE Centre for Nurse Education, Ardee
Ms Patricia O'Neill	Service Improvement Lead	HSE Mental Health Services

Notes





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HSE Mental Health Service

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