

GUIDANCE DOCUMENT ON PEER GROUP CLINICAL SUPERVISION

Nursing and Midwifery Planning and Development Unit
Health Service Executive West Mid West
2019



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Nursing & Midwifery
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HSE West Mid West

Guidance Document

Peer Group Clinical Supervision

Nursing and Midwifery Planning and Development Unit HSE West Mid West

Is this document a:

Policy

Procedure

Protocol

Guideline

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List of Abbreviations

CHO	Community Health Organisation
CDONM	Chief Director of Nursing and Midwifery
DON	Director of Nursing
DOM	Director of Midwifery
DONM	Director of Nursing and Midwifery
DPHN	Director of Public Health Nursing
HEI	Higher Education Institute
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
NMBI	Nursing and Midwifery Board of Ireland (Bord Altranais agus Cnáimhseachais na hÉireann)
NMPDU	Nursing and Midwifery Planning and Development Unit
ONMSD	Office of the Nursing and Midwifery Services Director
PPPG	Policy, Procedure, Protocol, Guideline

PART A: Guidance Document for the Development of Peer Group Clinical Supervision for Nursing and Midwifery in NMPDU HSE West Mid West

1.0 Introduction

Clinical Supervision has become internationally recognised as an important function in nursing and midwifery practice with the goal of improving and maintaining safe, effective and efficient care for patient and services users. It is seen as fundamental in enhancing the culture of an organisation by supporting the values and behaviours of staff. It is a process that facilitates nurses and midwives to reflect on and challenge different perspectives regarding real workplace experiences and to consider new methods of working in a safe and confidential environment (Morrissey, 2008). In Ireland, the introduction of clinical supervision for nurses and midwives is in the early stages, but is seen to be gaining momentum (Morrissey, 2008; Health Service Executive, 2017, 2012).

In 2018, two steering groups were established in NMPDU HSE West Mid West to provide strategic oversight and governance of the introduction, implementation and evaluation of peer group clinical supervision for nursing and midwifery professions. A recommendation from both steering groups was to design and implement a clinical supervision guidance document for all nursing and midwifery specialties.

The NMPDU in collaboration with nursing and midwifery services across HSE West Mid West recognise the importance of clinical supervision. Designing and implementing this guidance document is central to promoting the personal and professional development of nurses and midwives and improving the quality of patient care outcomes.

The NMPDU HSE West Mid West wishes to acknowledge the two steering groups who commissioned this work. Sincere thanks are also extended to the DONMs for their support for the initiative. Special recognition is extended to Ms Sinéad Connaire, NMPDU Project Officer, HSE South, Ms Mairead McGahon, Interim Director of Centre of Nurse and Midwifery Education, HSE Dublin North East and Dr James O'Shea, Director, Regional Centre of Nurse and Midwifery Education, HSE South East. The Peer Group Clinical Supervision Guidance Document developed for NMPDU HSE West Mid West has been adapted based on the experience gained from the implementation of similar projects in HSE Dublin North East in 2017, HSE South Cork/Kerry in 2018.

1.1 Definitions

Clinical Supervision provides 'a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional response to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice' (Care Quality Commission, 2013).

The HSE defines Clinical Supervision as a 'professional relationship between a supervisor and a supervisee (nurse/midwife) where the supervisor facilitates the practitioner in reflecting critically upon their practice. By offering learning opportunities, support, professional guidance and oversight of the supervisee's work, clinical supervision promotes high standards of ethical practice and ensures the welfare of service users and staff alike' (HSE, 2019, page 8).

According to Bond and Holland (2010) peer group clinical supervision is a form of group supervision where 'peer colleagues within the same discipline meet, led by a supervisor who may be more experienced in the same field as the supervisees and has group facilitation skills'.

2.0 Development of Peer Group Clinical Supervision NMPDU HSE West Mid West

2.1 Aim

The overarching aim of this document is to provide guidance and inform the development of peer group clinical supervision for nurses and midwives in the NMPDU HSE West Mid West healthcare settings.

2.2 Guidance, Development and Regulation

2.2.1 The purpose of this guidance document is to guide the development and implementation of peer group clinical supervision for nurses and midwives working in the NMPDU HSE West Mid West. It will enable nurses and midwives to access peer group clinical supervision within their workplace. It will also provide support to enhance their clinical practice. The guidance document is underpinned by evidence that will support nurses and midwives in further developing their clinical competence within their scope of practice (NMBI, 2015).

Clinical Supervision can be conducted in formats such as one to one, within a team or within a group of peers. In choosing a format, it is important to consider two factors: target audience and sustainability. Peer group clinical supervision was selected as the most appropriate format within NMPDU HSE West Mid West.

2.2.2 Legislation, regulation and relevant policies/publications

- A Vision for Psychiatric/Mental Health Nursing (ONMSD, 2012)
- Best Practice Guidance for Mental Health Services (HSE, 2017)
- Clinical Supervision Framework for Nurses Working in Mental Health Services (HSE, 2015)
- Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, (NMBI, 2014)
- Community Healthcare Organisation 5 Clinical Supervision Policy (HSE, 2016)
- Health Information and Quality Authority National Standards for Safer Better Maternity Services (HIQA, 2016)
- HSE North East Nursing and Midwifery Peer Group Clinical Supervision Strategic Plan 2017 – 2020 (HSE, 2017)
- HSE Public Health Sector Guidance Document on Supervision for Health & Social Care Professionals: HR Circular 002/2015 (HSE, 2015)
- National Policy for Clinical Supervision in Psychiatric/Mental Health Nursing (HSE, 2019)
- Nurses and Midwives Act 2011 (Government of Ireland, 2011)
- Recording Clinical Practice Guidance to Nurses and Midwives (NMBI, 2015)
- Records Retention Periods Health Service Policy (HSE, 2013)
- Scope of Nursing and Midwifery Practice Framework (NMBI, 2015)
- Values for Nurses and Midwives in Ireland (NMBI, Department of Health & ONMSD, 2016).

2.3 Values of Peer Group Clinical Supervision

Care, Compassion and Commitment are the core values underpinning and guiding nursing and midwifery practice in Ireland. These values and their associated behaviours are the very essence of nursing and midwifery practice and form the basis for professional decision making and actions (NMBI, 2016). Taken together these values represent the unique contribution of nursing and midwifery to safe patient care. This document is underpinned by these values:

Care is..

promoting the delivery of high quality nursing and midwifery care that is focussed on the individual needs of patients and service users.

Compassion is..

showing empathy and respect for the person to ensure that the dignity of the person is upheld at all times. The nurse and midwife upholds the trust of the person by providing care that is based on integrity, genuineness, kindness and comfort.

Commitment is..

having a person centred approach to professional practice. This requires professional courage, a commitment to lifelong learning that is demonstrated by intellectual engagement. Commitment is further demonstrated by a work ethic that is underpinned by a passion and drive for professionalism to develop self and support teams with diligence and resilience.

2.4 The Importance of Clinical Supervision in Clinical Practice

Clinical Supervision is an important process in supporting nurses and midwives within organisations to optimise patient care outcomes by underpinning the values of care, compassion and commitment through engaging with:

- quality improvement
- risk identification and management
- systems of accountability and responsibility.

2.5 The Benefits of Clinical Supervision

Clinical Supervision provides a structured reflective approach on clinical practice for nurses and midwives which can lead to improvements in practice and service user care by:

- Enabling the opportunity to gain information and insights, and promote reflective practice
- Encouraging professional and personal growth
- Valuing and enabling the development of professional knowledge in practice
- Supporting the development of clinical skills and professional practice in response to service user needs
- Improving standards and the quality of nursing and midwifery care
- Supporting and empowering nurses and midwives to work effectively
- Facilitating a process of support from the emotional and personal stress involved in nursing and midwifery.

(ONMSD, 2015)

3.0 Key Stakeholders - Roles and Responsibilities

3.1 Directors of Nursing and Midwifery/Services Management Responsibilities:

- Promote awareness of the availability of peer group clinical supervision within their respective services
- Communicate the peer group clinical supervision guidance document to staff who are engaging in or intending to engage in peer group clinical supervision
- Complete Organisational Readiness Checklist (Appendix 1) and return to steering group project officer
- Peer group clinical supervisors and supervisees are supported by senior management to:
 - * Support clinical supervisees and clinical supervisors to have protected time within their work area to attend peer group clinical supervision
 - * Support the peer group clinical supervisors to attend their own regular clinical supervision
 - * Ensure that there is flexibility for staff to access peer group clinical supervision
 - * Identify and support nurses and midwives to become internal peer group clinical supervisors.

3.2 Peer Group Clinical Supervisor Responsibilities:

- Undertake and complete a recognised education programme to develop the skills and competencies required to deliver peer group clinical supervision
- Be familiar with relevant professional and organisational PPPGs
- Establish a safe supervisory environment where confidentiality and trust are essential elements of the relationship
- Explain and adhere to the ground rules and working agreement as agreed by the group. Follow Peer Group Clinical Supervision decision when safety risk is identified (Appendix 2)
- Formalise a written peer group clinical supervision agreement (Appendix 3) with supervisees
- Facilitate a reflective space for supervisees to monitor and develop sound clinical and ethical practice in a structured manner
- Maintain minimal written records of clinical supervision sessions. This will be discussed and agreed with the supervisees (Appendix 4)
- Validate good practice and establish a two-way feedback process which is clear, constructive and regular
- Participate in their own regular supervision in respect of their peer group clinical supervision work
- Commit to deliver 1 hour of peer group clinical supervision per month for 1 year initially.

3.3 Peer Group Clinical Supervisees Responsibilities:

- Adhere to relevant professional and organisational PPPGs
- Maintain minimal written records of clinical supervision sessions. This will be discussed and agreed with the peer group clinical supervisor
- Positively engage in the peer group clinical supervision process
- Identify and discuss issues that affect his/her nursing or midwifery practice
- Be aware of the boundaries of the relationships in the peer group clinical supervision process, observing confidentiality at all times
- Give and receive constructive feedback to peers
- Commit to attend Peer Group Clinical Supervision for 1 hour per month for 1 year initially.

3.4 NMPDU Directors and Assigned NMPDU Officers are Responsible for:

- Liaising with Directors of Nursing/Midwifery/Services throughout the region, to enable them to identify the need for peer group clinical supervision through:
 - * Information sessions/briefing sessions
 - * Representation on steering groups
- Creating awareness and understanding of the principles of peer group clinical supervision throughout the region
- Facilitating, providing guidance and supporting the development of peer group clinical supervision by supporting the supervisors and supervisees
- Liaising with HEI on education requirements
- Circulating information and updates to supervisors, supervisees, managers and services.

4.0 Governance Arrangements to Support the Development of Peer Group Clinical Supervision

4.1 HSE West Mid West Peer Group Clinical Supervision Steering Groups

For geographical reasons, two steering groups were established to oversee the implementation of peer group clinical supervision in the NMPDU HSE West and Mid West area.

Key elements of the steering group terms of reference:

- Steer the implementation of peer group clinical supervision across healthcare settings in NMPDU West (Mayo/Roscommon/Galway) and Mid West (Limerick, Clare and North Tipperary)
- Agree a 3-year strategy for implementation of peer group clinical supervision
- Identify initial sites and numbers to become clinical supervisees and supervisors
- Provide external clinical supervision for internal peer group clinical supervisors
- Identify potential candidates to become internal clinical supervisors. This identified group will undertake the relevant HEI education programme, for example Introduction to Clinical Supervision Supporting Continuing Professional Development Module provided in National University of Ireland Galway (NUIG)
- Work with nursing and midwifery management in creating protected time for clinical supervisees to attend clinical supervision sessions and for supervisors to be released to facilitate peer group clinical supervision
- Assist in the development, review and approval of clinical supervision guidance document and contract to ensure it underpins the peer group clinical supervision framework
- Commission an evaluation on the implementation of peer group clinical supervision.

4.2 Peer Group Clinical Supervision Development Pathway

Table 1 outlines the development pathway for implementation of Peer Group Clinical Supervision

Table 1

Peer Group Clinical Supervision Development Pathway

Implementation Sponsor: Director of Nursing and Midwifery/Director of Services

In order to succeed, clinical supervision must have sponsorship at all levels within 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 implementation (Bradshaw et al, 2007).

How to Become a Peer Group Clinical Supervisor

In order to become a peer group clinical supervisor, a relevant education programme must be completed.

- Steering Group Project Officers forward Organisation Readiness Checklist to DONMs/Director of Services for completion and return
- Potential candidates apply directly to HEI to undertake relevant education programme
- Potential candidates apply for funding to local Centre of Nurse/Midwifery Education prior to commencement of education programme.

Introducing Peer Group Clinical Supervision

Procedure to commence peer group clinical supervision:

Frequency: Peer group clinical supervision should take place every month

Duration: Peer group clinical supervision should take one hour. This is facilitated protected time within the working day

Group Size: Peer group clinical supervision groups comprise of 4-6 staff of the same or equivalent grade

Venue: Peer group clinical supervision should take place at a work based location free from distraction or interruption. Where this is not possible consideration should be given to providing a quiet space which offers privacy and distance from the day to day activities

Commitment: The process of peer group clinical supervision occurs within a trusting relationship established between supervisor and supervisees. All contribute to the relationship and have responsibilities within the supervision process. Peer group clinical supervisors are required to attend each peer group clinical supervision session.

Responsibilities

Nursing and Midwifery Management

- Promote awareness of peer group clinical supervision
- Communicate the peer group clinical supervision guidance document to staff
- Support peer group clinical supervisors and supervisees to:
 - have protected time to attend peer group clinical supervision
 - attend their own regular clinical supervision
 - facilitate the identification of nurses and midwives and support them to train and become peer group clinical supervisors.

Peer Group Clinical Supervisor

- Have successfully completed a recognised education programme
- Be familiar with relevant PPPG's
- Establish a safe supervisory environment
- Explain and adhere to the ground rules and working agreement as agreed by the group
- Formalise a written peer group clinical supervision agreement with supervisee
- Facilitate a reflective space for supervisees
- Maintain minimal written records of peer group clinical supervision session
- Validate good practice and establish a two-way feedback process
- Participate in their own regular supervision in respect of their peer group clinical supervision work
- Commit to facilitate 1 hour peer group clinical supervision per month.

Peer Group Clinical Supervisee

- Be familiar with relevant PPPGs
- Positively engage in peer group clinical supervision process
- Identify and discuss issues that affect his/her nursing or midwifery practice
- Be aware of the boundaries of the relationships in the peer group clinical supervision process, observing confidentiality at all times
- Give and receive constructive feedback to peers
- Commit to attend 1 hour per month peer group clinical supervision.

Part B

1.0 Background

1.1 Purpose

The purpose of this guidance document is to provide a single repository of all information pertaining to the development of peer group clinical supervision for nurses and midwives in HSE West Mid West reflecting current evidence based practice.

1.2 Scope

This guidance document applies to:

- Chief DONM/DON/DOM/DONM/DPHN/Area Director Mental Health Nursing/Area Director/Manager Disability Services and Service Managers implementing peer group clinical supervision within their service
- Assistant Directors of Nursing/ Midwifery/Service Managers
- Peer group clinical supervisors
- Peer group clinical supervisees
- External clinical supervisors
- Internal experienced clinical supervisors
- All key stakeholders supporting the implementation of peer group clinical supervision for nursing/midwifery in the NMPDU HSE West Mid West and HSE West Mid West funded services.

1.3 Objective(s)

The objectives are to:

- Provide clear lines of responsibility and accountability to support the development and implementation of peer group clinical supervision for nurses and midwives
- Provide clear guidance to facilitate the development and implementation of peer group clinical supervision for nurses and midwives within health care settings
- Support health service providers who are participating in building capacity for peer group clinical supervision within their services.

1.4 Outcome

The outcome of this guidance document will create a standardised process for the development and implementation of peer group clinical supervision for nurses and midwives in NMPDU HSE West Mid West.

1.5 Governance

The Steering Groups NMPDU HSE West Mid West for peer group clinical supervision commissioned this guidance document. The steering groups are comprised of Directors of Nursing/Midwifery/Services, NMPDU and Area NMPD Director. The NMPDU Project Officers managed, coordinated and administered the process.

1.6 Supporting Evidence

References can be found in Section 8.0.

1.6.1 List legislation/regulation/relevant PPPGs/publications

Refer to Part A.

1.6.2 List PPPGs that are being replaced by this PPPG

This is a newly developed NMPDU HSE West Mid West guidance document and does not replace any previous guidance documents.

2.0 Development of Guidance Document

2.1 List the questions (clinical/non-clinical)

The purpose of the literature search was to explore the current relevance of peer group clinical supervision for nurses and midwives in the NMPDU HSE West Mid West.

2.2 Literature search strategy

The development group focused on recent Irish legislation, professional regulation and relevant PPPGs and publications to inform this guidance document. International evidence on peer group clinical supervision with particular reference to the Proctor Model (1986) was also reviewed.

2.3 Method of appraising evidence

Evidence appraisal was not applicable for this guidance document.

2.4 Process used to formulate recommendations

Grading of recommendations was not applicable for this guidance document.

2.5 Summary of the evidence from the literature

Clinical supervision is a concept which has been within the domain of healthcare for many decades but remains in its early stages within the Irish Health Service for nurses and midwives (Morrissey, 2008). In recent years however, the process has gained momentum (Parlour & Slater, 2014) and is now recognised as a method of enhancing quality care (HSE, 2012).

Proctor's Model of Clinical Supervision (1986) focuses on learning support and accountability. This model outlines three functions of clinical supervision:

- **Formative (educative/learning) function:**

The formative function of supervision focuses on the development of skills, understanding and abilities of the supervisee through an in-depth reflection of the supervisee's work. It enables the supervisee to learn and continually develop their professional skills, fostering insightfulness through guided reflection.

- Supports personal and professional development
- Encourages and supports lifelong learning
- Helps to identify further training and development needs.

- **Restorative (supporting personal well-being) function:**

The restorative function refers to the development of a supportive relationship with the supervisor which in turn supports the supervisee in dealing with the emotional impact arising from clinical practice. The practitioner should be able to share concerns and difficulties regarding their clinical nursing and midwifery practice. It fosters resilience through nurturing supportive relationships that offer motivation and encouragement in times of stress.

- Supports self-care and well-being
- Provides insight into emotional responses
- Enhances morale and working relationships.
- **Normative (accountability/managerial/organisational responsibility) function:**

The normative function highlights the importance of professional and organisational standards and the need for competence and accountability. It supports the supervisee to develop skills and competencies, allowing practice to be challenged in a safe environment. This function assists the supervisee to meet the clinical governance and risk management agenda.

- Supports delivery of a high standard of ethical, safe and effective care
- Enhances performance.

2.6 Resources

The NMPDU HSE West Mid West will support new peer group clinical supervisors by:

- Where required, provide funding to undertake relevant HEI education programme (through Centres of Nurse and Midwifery Education in HSE West Mid West)
- Provide external peer group clinical supervision for up to 12 months from initiation of peer group clinical supervision sessions
- Provide information/briefing sessions to nurses and midwives
- Provide documentation/toolkits for supporting the implementation of peer group clinical supervision.

2.7 Outline of PPPG Steps/Recommendations

See Part A of this document.

3.0 Governance and Approval

3.1 Formal Governance Arrangements

Two steering groups provide oversight and governance.

3.2 Method for Assessing the PPPG in Meeting the Standards Outlined in the HSE National Framework for Developing PPPGs

The guidance document was reviewed to ensure compliance with Policies, Procedures, Protocols and Guidelines Checklist for Developing Clinical PPPGs (HSE, 2016).

3.3 Approval and Sign Off

This NMPDU HSE West Mid West Guidance Document on peer group clinical supervision was approved by the steering groups and meets the standards outlined in the HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines (PPPGs) (HSE, 2016).

4.0 Communication and Dissemination

4.1 Communication and dissemination plans

This guidance document and associated toolkits will be made available to services that are engaging in peer group clinical supervision. The guidance document will also be circulated widely to senior nurse, midwifery and service management in NMPDU HSE West Mid West area.

5.0 Implementation

5.1 Implementation Plan

The guidance document will be implemented by Directors of Nursing/Midwifery/Services who are supporting peer group clinical supervision throughout HSE West Mid West area.

5.2 Education/Training Plan

A powerpoint presentation on peer group clinical supervision for nurses and midwives will be available by the relevant NMPDU Officers as required. This can be used by peer group clinical supervisors and services implementing peer group clinical supervision.

Briefing sessions on peer group clinical supervision will be provided by NMPDU Project Officers if required.

5.3 Specific Roles and Responsibilities on the Implementation of this Guidance Document

5.3.1 Senior Nurse and Midwife Managers

- Support the implementation of the guidance document
- Assign personnel with responsibility, accountability and autonomy to implement the guidance document
- Provide managers with support to implement the guidance document
- Ensure clinical staff are supported to implement the guidance document
- Monitor the implementation of the guidance document.

5.3.2 Peer Group Clinical Supervisors/Supervisees

- Peer group clinical supervisors and supervisees should comply with this guidance document
- A copy of the signature sheet should be signed to show all relevant staff have read, understood and agreed to adhere to this guidance document.

5.3.3 NMPDU Project Officer

- Guide, support and advise on the implementation of this guidance document.

6.0 Monitoring and Evaluation

6.1 Monitoring

The Director of Nursing/Midwifery/Services will monitor the use and implementation of this guidance document on an ongoing basis.

6.2 Evaluation

This guidance document and its application will be evaluated within 3 years of its implementation.

7.0 Revision/Update

7.1 Procedure for the update of the guidance document

The guidance document will be reviewed and updated in Quarter 3, 2022 or sooner if relevant.

7.2 Method for amending this guidance document if new evidence emerges

The guidance document will be revised by the NMPDU HSE West Mid West if new evidence emerges.

8.0 References

- Bond, M. and Holland, S. (2010) Skills of Clinical Supervision for Nurses. 2nd ed. Maidenhead: Open University Press
- Bradshaw, T., Butterworth, A., & Mairs, H. (2007) Does structured clinical supervision during psychosocial intervention education enhance outcome for mental health nurses and the service users they work with? *Journal of Psychiatric and Mental Health Nursing*, 14, 4-12
- Care Quality Commission (2013) Supporting Information and Guidance: Supporting Effective Clinical Supervision. London: CQC
- Government of Ireland (2011) Nurses and Midwives Act 2011. Dublin: Stationery Office
- Health Information and Quality Authority (2016) National Standards for Safer Better Maternity Services. Dublin: HIQA
- Health Service Executive (2019) Clinical Supervision for Nurses Working in Mental Health Services. Dublin, Health Service Executive
- Health Service Executive (002/2015) Supervision for Health & Social Care Professionals: HR Circular
- Health Service Executive (2012) A Vision for Psychiatric/Mental Health Nursing: A Shared Journey for Mental Health Care in Ireland, Dublin: Health Service
- Health Service Executive (2013) Records Retention Periods Health Service Policy. Dublin: Health Service Executive
- Health Service Executive (2015a) Health Service Executive Supervision for Health & Social Care Professionals: HR Circular 002/2015, Dublin: Health Service Executive
- Health Service Executive (2015b) Clinical Supervision Framework for Nurses Working in Mental Health Services, Dublin: Health Service Executive
- Health Service Executive (2016) Community Healthcare Organisation 5 Clinical Supervision Policy
- Health Service Executive (2016) HSE National Framework for developing Policies, Procedures, Protocols and Guidelines. Dublin: Health Service Executive
- Health Service Executive (2017) HSE North East Nursing and Midwifery Peer Group Clinical Supervision Strategic Plan, Dublin: Health Service Executive
- Health Service Executive (2019) National Policy for Clinical Supervision in Psychiatric/Mental Health Nursing. Dublin: Health Service Executive
- Morrissey, J. (2008) Clinical Supervision in Mental Health Nursing. In *Psychiatric/Mental Health Nursing An Irish Perspective* (Morrissey, J., Keogh, B. and Doyle, L. eds.). Dublin: Gill and MacMillan

Nursing and Midwifery Board of Ireland (2015a) Scope of Nursing and Midwifery Practice Framework Dublin: Nursing and Midwifery Board of Ireland

Nursing and Midwifery Board of Ireland (2015b) Recording Clinical Practice Guidance to Nurses and Midwives. Dublin: Nursing and Midwifery Board of Ireland

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

Nursing and Midwifery Board of Ireland, Department of Health and Office of the Nursing and Midwifery Services Director (2016) Values for Nurses and Midwives in Ireland. Dublin: Stationery Office

Parlour, R. and Slater, P. (2014) Developing nursing and midwifery research priorities: a Health Service Executive (HSE) North West study. Worldviews on Evidence-Based Nursing. Article first published online: 19 May 2014

Proctor, B. (1986) 'Supervision: A Co-operative Exercise in Accountability' cited in Marken, M. and Payne, M. (eds.) (1986) Enabling and Ensuring Supervision in Practice. Leicester: National Youth Bureau.

9.0 Bibliography

Bernard, J.M. and Goodyear, R. K. (2014) *Fundamentals of clinical supervision*. 5th ed. Boston, MA: Pearson

Fowler, J. (2011) 'Case Studies from Leicestershire UK', In Cutcliffe, *Routledge Handbook of Supervision, Fundamental International Themes*, Taylor Francis Group

Callahan, J. L., Almstrom, C. M., Swift, J. K., Borja, S. E. and Heath, C. J. (2009) Exploring the contribution of supervisors to intervention outcomes. *Training and Education in Professional Psychology*, 3(2), 72-77

Lakeman, R. and Glasgow, C. (2009) 'Introducing Peer-group Clinical Supervision: An Action Research Project', *International Journal of Mental Health Nursing*, 18, 204–210

Milne, D., Aylott, H., Fitzpatrick, H. and Ellis, M. V. (2008) How does clinical supervision work? Using a "best evidence synthesis" approach to construct a basic model of supervision. *The Clinical Supervisor*. 27(2), 170-190

Rousmaniere, T. G., Swift, J. K., Babins-Wagner, R., Whipple, J. L. and Berzins, S. (2016) Supervisor variance in psychotherapy outcome in routine practice. *Psychotherapy Research*, 26(2), 196-205

Shaw Brown, H. (2015) Nurse peer group supervision: sharing the load, *Nursing Review*, New Zealand Coaching and Mentoring Centre. Retrieved from <https://bit.ly/2BTaADb>

Watkins, C. (2011) Does psychotherapy supervision contribute to patient outcomes? Considering thirty years of research. *The Clinical Supervisor*, 30, 235-256

Wheeler, S. and Richards, K. (2007) The impact of clinical supervision on counsellors and therapists, their practice, and their clients. A systematic review of the literature. *Counseling and Psychotherapy Research*, 7(1), 54-65.

10.0 Appendices

The following appendices will support the implementation of peer group clinical supervision

- Appendix 1: Peer Group Clinical Supervision Organisational Readiness Checklist
- Appendix 2: Peer Group Clinical Supervision Decision Support Framework when Safety Risk is Identified
- Appendix 3: Peer Group Clinical Supervision Agreement
- Appendix 4: Peer Group Clinical Supervision Recording Sheet
- Membership of the Group for Development of PPPG (held with Master copy in NMPDU HSE West Mid West)
- Conflict of Interest Form (Held with Master copy in NMPDU HSE West Mid West)
- Peer Group Clinical Supervision Guidance Document Checklist for Standards (held with Master copy in NMPDU HSE West Mid West).

Appendix 1: Peer Group Clinical Supervision Organisational Readiness Checklist

This checklist will help your organisation to identify what is required to progress the implementation and sustainability of peer group clinical supervision. To be completed by Director of Nursing/Midwifery/Services

Name of Organisation: _____

Requirement for Implementation:	Yes/No/Comment:
Director of Nursing/Midwifery/Services fully supports and is committed to the implementation of peer group clinical supervision	
A link nurse/midwife for the implementation of peer group clinical supervision has been identified in the service. The role of this link nurse/midwife is to support the implementation of peer group clinical supervision and to link with the NMPDU officers. Please provide name and contact details.	Name: _____ Email: _____ Phone: _____
All nurses/midwives have been informed of peer group clinical supervision initiative by Nursing/Midwifery management	
Good level of interest identified	
Nomination of nurses/midwives to undertake relevant HEI education programme, and subsequently become peer group clinical supervisors to group/s of 4-6 nurses and midwives of the same or equivalent grade	<i>If yes, please identify number to undertake Module</i>
Senior Nursing/Midwifery management will continue to support clinical supervisors to sustain peer group clinical supervision after the initial implementation in the organisation.	

Please complete this checklist and return by email to Annette.cuddy@hse.ie

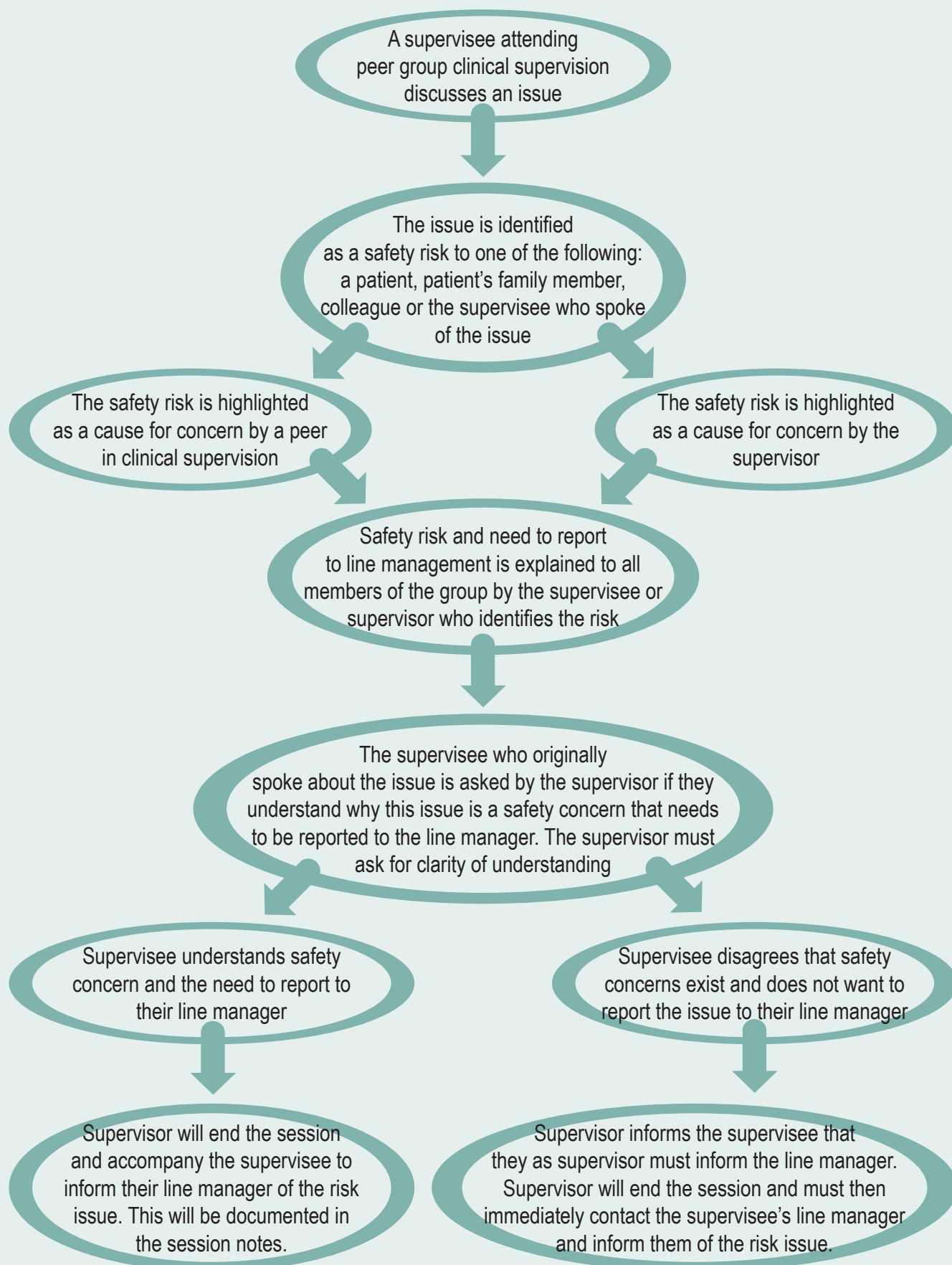
Name of Director of Nursing/Midwifery/Services:

Signature: _____

Date: _____

Appendix 2: Peer Group Clinical Supervision Decision Support Framework When Safety Risk Is Identified

It is acknowledged that Clinical Supervision is a confidential process where all parties have a shared understanding that any breaches of codes of ethics or practice will be addressed according to organisational policies and codes of conduct, respectfully and in a timely manner. This is a decision support framework; one may skip to different stages depending on the issue or if there are serious concerns that require urgent action (HSE 2019)



(Adapted from the Policy on Peer Group Clinical Supervision for Nurses and Midwives in HSE Dublin North East (2017))

Appendix 3: Peer Group Clinical Supervision Agreement

Name of Supervisor:		Name of Supervisees:	
		1. 2. 3. 4. 5. 6.	
Period of this Agreement:			
Start Date:	End Date:	Review Date:	
Objectives:			
<p>Supervisee:</p> <p>Restorative</p> <ul style="list-style-type: none"> • Discuss clinical scenarios that I have faced, in a manner that is supportive and constructive. • Reflect on my responses to the challenges and issues I face in clinical practice. • Reflect on my responses to the challenges and issues I face in receiving clinical supervision. • Identify transference and counter-transference and prevent it from impairing my ability to work safely. <p>Formative</p> <ul style="list-style-type: none"> • Improve skills and knowledge in: <ul style="list-style-type: none"> • Delivering clinical services. • The practice of providing education. • The art and craft of clinical supervision. <p>Normative</p> <ul style="list-style-type: none"> • Stay orientated to best-practice by adhering to regulatory and national legislation • Ensure that my clinical practice & clinical supervision role are each performed within the boundaries of best practice as determined by the Health Service Executive (HSE) and the Nursing & Midwifery Board of Ireland (NMBI). <p>Supervisor:</p> <ul style="list-style-type: none"> • To assist the supervisees meet their objectives. 			
Expected Outcomes:			
<p>Supervisee: Over the course of this agreement these outcomes will be met:</p> <p>Restorative</p> <ul style="list-style-type: none"> • Discussed clinical scenarios that I have faced, in a manner that is supportive and constructive. • Reflected on my responses to the challenges and issues I face in instances of my clinical practice. • Explore transference and counter-transference and the impact it has on my ability to work safely. <p>Formative</p> <ul style="list-style-type: none"> • Provided safe quality clinical practice for the patient/service users. • Recognised occasions when my clinical practice has not met professional standards, and addressed the underlying cause(s) to ensure continuous improvement in clinical care. • Received quality clinical supervision. <p>Normative</p> <ul style="list-style-type: none"> • That my clinical practice & clinical supervision role has been performed within the boundaries of best practice as determined by the HSE and NMBI. 			

Supervisor:

- By reflecting on the goals that we have agreed upon, the individual(s) will have improved and consolidated his/her competency, capability and capacity in his/her nursing/midwifery role, as well as making the transition with greater confidence into his/her role in clinical supervision. We will measure the progress through our regular reviews within peer group clinical supervision.

Ways of Working:**Supervisee will:**

- demonstrate the value placed on clinical supervision by setting time aside for clinical supervision from other appointments and interruptions
- provide honest communication and feedback within peer group clinical supervision sessions in a respectful and professional manner
- listen to and respect each other's opinion, be willing to learn, be willing to challenge and be challenged, and to provide and receive support
- make effective use of time, all sessions begin and finish punctually.

Supervisor will:

- set aside sufficient time before meeting with supervisees to ready myself for quality reflection with the group by disengaging from other commitments
- provide honest communication and feedback within peer group clinical supervision sessions in a respectful and professional manner
- make effective use of time, all sessions begin and finish punctually.

Specific obligations/ways of working for the group:

- _____
- _____
- _____

Structure:

Frequency: Peer group clinical supervision will be provided every _____ weeks

Duration: Peer group clinical supervision will last approximately _____ minutes

Location: Peer group clinical supervision will be held _____

Resources: Time & venue (to ensure absence of interruptions)

Cancellations: Cancellations will be made at least 24 hours before anticipated peer group clinical supervision where possible)

Agenda: Supervisees to set an agenda and email to the supervisor a day or two previously. The supervisor may add to/amend the agenda as necessary.

Evaluation:

What is the agreed process for evaluation of clinical supervision?

- Wrap-up discussion at the end of session to include a mutual check between the supervisor and supervisees on whether the goals of supervision are being adequately addressed
- If the supervision relationship itself is causing problems, the supervisor and/or supervisees will ensure that this matter is included on the agenda for the next session.

Formal mutual evaluation of peer group clinical supervision will be conducted every 3 months using this peer group clinical supervision agreement:

- Are the objectives/outcomes being met?
- Should the agreement/objectives be modified?

Review of the Supervision Agreement

- The agreement should be reviewed if the objectives, expected outcomes, obligations/ways of working, or structure of peer group clinical supervision changes
- Review a month prior to the end-date of this agreement to allow time for extension or conclusion of the agreement & the supervisory relationship.

Documentation/Records

What form will supervision records take?

- Peer group clinical supervision Agreement
- Peer group clinical supervision Recording Sheet including record of attendance.

How will these supervision records be used?

- assist the supervisees & supervisor to reflect on their work
- As a record of peer group clinical supervision sessions.

Who will have access to them?

- Supervisor
- Supervisees

Ethical Issues

How will difficulties in peer group clinical supervision be dealt with?

- Difficulties in peer group clinical supervision initially to be discussed between supervisor and supervisees either at the time an issue arises or at the commencement of the next meeting.

Confidentiality

Confidentiality and trust underpin all peer group clinical supervision sessions. Professional and clinical issues disclosed are confidential and must not be discussed outside the supervision sessions. The exception to this will be outlined in Decision Support Framework when Safety Risk is Identified, where a supervisee discloses information which is deemed to compromise the safety of a patient/service user, colleague or the supervisee themselves. This is in accordance with NMBI Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014) - Principle 5, Standard 4.

Content	
<p>The content of peer group clinical supervision will be negotiated in confidence by the supervisees and supervisor. It will include a list of the knowledge and skills that the supervisees would like to develop, and will be regularly reviewed and renegotiated.</p>	
Signatures & Date	
<p>Supervisees:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. <p>Date:</p>	<p>Supervisor:</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. <p>Date:</p>
<p><i>Adapted with permission from Health Service Executive (2019) National Policy for Clinical Supervision in Psychiatric/Mental Health Nursing.</i></p>	

Appendix 4: Peer Group Clinical Supervision Recording Sheet

Peer Group:

Location:

Agenda

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

-
-
-

Summary of discussion at supervision session (main topic points only):

Discussion Points for Next Session:

-
-
-
-
-

Next Supervision Meeting:

Supervisor:

Date:

Supervisees':

Signed:

Date:

Signed:

Date:

Signed:

Date:

Signed:

Date:

Signed:

Date:

Signed:

Date:

Signature Sheet
I have read, understand and agree to adhere to this Guidance Document:

Print Name	Signature	Area of Work	Date



GUIDANCE DOCUMENT ON PEER GROUP CLINICAL SUPERVISION

Nursing and Midwifery Planning and Development Unit
Health Service Executive
West Mid West
2019



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service



Nursing & Midwifery
Planning & Development Unit
HSE West Mid West