AHP supervision flashcards

Page 1:

Title: ‘Support and Supervision for AHPs’
Content: NES Logo and ? AHP supervision logo / stick with midwifery one?

Page 2:

Title: Purpose of resource
Content:
This resource has been developed to provide you information to support your supervision sessions. It covers the general principles contained within Scotland’s National Position Statement on Supervision for AHPs (REF) and offers practical information, guidance and tips to support you in your role as a supervisor and / or a supervisee. The statement takes the position that ALL AHP practitioners, irrespective of their level of practice, experience or job title, should have access to and be prepared to make constructive use of supervision.

Page 3:

Title: Definition / Supervision
Content:
Whilst there is no agreed best, or single definition of supervision, there are common purposes highlighted, including ensuring competent practice, promoting wellbeing, professional practice and development of knowledge, skills, and values (REF). There is also evidence that supervision is associated with job satisfaction, organisational commitment, retention of staff (REF) and ultimately contributes to provision of safe, effective and person-centred patient care.

Page 4:

Title: What supervision is / is not
Content:

<table>
<thead>
<tr>
<th>Supervision:</th>
<th>Supervision is not...</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Supports development of knowledge, skills, values and practice</td>
<td>- Psychotherapy, therapy or counselling</td>
</tr>
<tr>
<td>- Benefits people who use our services</td>
<td>- An opportunity to ‘police’ staff</td>
</tr>
<tr>
<td>- Promotes staff wellbeing and morale</td>
<td>- Performance management or assessment, though effective and supportive supervision may identify issues which enable early support mechanisms to be put in place</td>
</tr>
<tr>
<td>- Provides a safe place for personal and professional development, growth</td>
<td>- Controlled, managed and delivered by the line manager</td>
</tr>
<tr>
<td>- Leads the supervisee to identify their own solutions</td>
<td>- A place for blame or judgement on practice</td>
</tr>
<tr>
<td>- Supports AHPs through challenging and complex situations</td>
<td>- A place for gossip or moaning</td>
</tr>
<tr>
<td>- Supports reflective practice and clinical reasoning, taking account of professional standards, legislative and organisational context</td>
<td></td>
</tr>
</tbody>
</table>
Page 5:

**Title: What are the components of AHP supervision**

**Content:**
It is acknowledged that the varying terminology used to describe all aspects of supervision can be confusing. The national statement takes the position that supervision should cover the four interconnected components described below. It should be noted that clinical and professional supervision are often described as clinical or practice or just supervision, whilst managerial and operational are often described as line management supervision.

Page 6:

**Title: What are the components of AHP supervision**

**Clinical and Professional supervision are often combined and described as Clinical or Practice supervision.**
These components of supervision should be provided by someone from the same profession or clinical specialism.

**Clinical:**
The focus should be on the care, support and treatment provided to people who use our services and also on the relationships and interactions we have with other professionals. This includes assessment, decision making, interventions and other clinical activities.

**Professional:**
This type of supervision should focus on developing professional competence, meeting regulatory requirements around continuing professional development, service improvement and supporting knowledge and policy into practice. All AHPs should have access to a
and will be achieved through discussion, reflection and review of tasks and relationships. This is usually carried out by someone from in the same (or related) clinical area. If this is not possible it may be appropriate to seek supervision from someone outwith your organisation.

**Professional Lead / Manager of the same profession to cover issues relating to scope of practice and role, learning requirements, professional and ethical issues.**

**Managerial:**
This focuses on ensuring that the organisation's policies and procedures are understood and followed. This covers appraisal, objective setting, case note and caseload review. This is usually carried out by the line manager and can be covered during a supervision session but may require separate arrangements to be put in place.

**Operational:**
This focuses on ensuring staff are aware of the organisation’s function and how it links to their practice. This may cover organisational changes, initiatives and policy implementation.

**Often combined and described as Line Management or Line management supervision.**
This may be provided by someone who is not of the same profession. In this instance alternative arrangements should be made to ensure clinical and professional supervision is also provided.

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**Title: Key aspects of supervision ???**
*(this is from midwifery resource)*

**Content:**

**KEY ASPECTS FOR AN EFFECTIVE SUPERVISION SESSION**

1. Supervision should support personal and professional development, and improve patient treatment and care.

2. The supervisee sets the agenda for the session

3. Support should be from a skilled supervisor.

4. You should define the focus of each session – what components are being addressed - clinical, professional, managerial or operational.

5. Supervision should include a reflective component.

6. Supervisees should keep a record of the session (need to add more here about recording)

“The facilitator does not make choices for people but creates the opportunity for them to choose”. (REF)
Page 8:

**Title: Proctors model (from midwifery resource)? Could be included in the resources sections as a tool to support??**

**Content:**

Proctor’s functions of supervision (ref) is a widely used, and way of thinking about the purpose and benefits of supervision.

<table>
<thead>
<tr>
<th>Normative (Accountability)</th>
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</thead>
<tbody>
<tr>
<td>This element focuses on supporting individuals to develop their ability and effectiveness in their role. The aim is to support reflection on practice with an awareness of local policy and codes of conduct.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Formative (Learning)</th>
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</thead>
<tbody>
<tr>
<td>The element focuses on enabling supervisees to learn and continually develop their professional skills through guided reflection. It focuses on the personal and professional through the development of skills, knowledge and attitudes.</td>
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</table>

<table>
<thead>
<tr>
<th>Restorative (Support)</th>
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</thead>
<tbody>
<tr>
<td>This element is concerned with how supervisees respond to the work of caring for others. It offers a supportive mechanism to promote resilience, self-care, morale and effective relationships.</td>
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</tbody>
</table>


Page 9:

**Title: Roles and responsibilities – is this repeated, (or some aspects of this), under the section on before supervision?**

**Content:**

Supervision requires a supportive relationship that is formed between equals and it is important that the supervisee and supervisor are clear about their individual roles and responsibilities. This includes:

- Working together to create a safe environment
- Having a supervision contract or agreement in place
- Agree ways of working
- Plan for the session – supervisees should come prepared
- There should be a review and discussion of the actions from the previous session
- The supervisees should record the actions from the session
- Supervision should be seen as a priority and any postponed or cancelled sessions should be rescheduled at the earliest opportunity
Supervisors should be confident in their knowledge and skills to undertake supervision with a focus on active listening, open questioning and facilitation of reflection on practice.

**Title: Supervision session**

Content: Visual of the different elements being covered – Before, during, after

**Title: Before supervision**

Content: (Cards colour coded – purple??)

- Supervisor identified
- Any learning needs identified – all staff to complete Unit 1 of e-learning (add link) supervisors to undertake Units 2-4 and compete any local training available
- A contract / agreement could be in place which should cover:
  - Frequency, duration and location of sessions
  - How confidentiality will be maintained and under which circumstances information discussed during a session may be shared (see clause 6.8, page 8 National statement)
  - How supervision sessions will be recorded and how the information will be stored
  - Under what circumstances it is acceptable to cancel a session
  - How the supervisory relationship could be ended
  - Contract is reviewed (frequency??)

**Title: During supervision**

cover Checklist, key considerations, useful questions, resources / templates to support
At the beginning of a session the following practical aspects should be considered:

- Creation of a safe space is important and that there is the recognition that the supervision session should be prioritised.
- Ensure that telephones, bleeps, pagers etc are turned off or on silent. You may wish to put a notice on the door.
- Confirm what will be addressed in the session.
- Review of the actions from the previous session. The following question may be helpful:
  - How have things been since we last met?
  - How did you get on with the actions you took away from our last session?

Focus of the session:
As mentioned supervisees should come prepared to the supervision session with an issue/s in mind they wish to discuss. It is important that enough time is available to explore the issue sufficiently. Useful questions to help focus the session:

- What would you like to focus on this session?
- I heard (reflect back) …while you were talking. Which of these do you feel it would be most helpful to focus on?
- What do you hope to get out of our time together?
- Where do you want to get to by the end of the session?
- What would be a good outcome from our time together?

Effective supervision occurs when there is the correct balance of support and challenge and this very much depends on the issue being addressed. Active listening is a key skill utilised during supervision and the use of silence can be very powerful. Try to avoid questions which will result in a yes or no answer. Useful questions are open ones often beginning with ‘what’, ‘how’ or ‘when’.
The following questions are examples of open question you may find helpful:

- What is it about the situation that you find uncomfortable?
- What do you want from the situation?
- What don’t you want from the situation?
- What’s standing in the way of an ideal outcome?
- How were you feeling?
- How do you think he /she was feeling?
- What makes you think that?
- When did you first notice your emotions change?
- What was going through your mind at that time?
- Help me understand what was going on for you?
- Describe..... or, tell me about....
- Imagine the issue is solved. What do you see / hear / feel?
- What’s your own responsibility for what’s been happening?
- What’s stopping you?
- If you knew you could not possibly fail, what would you do next?

At the end of the session it is important to review and evaluate the process. It offers an opportunity to explore the process and outcomes of the session and whether supervision is of value.

Examples of open questions you may wish to consider:

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

National Position Statement
Elearning modules and link
CoP link
Effective practitioner – reflective practice
Ladder of inference
Gibbs cycle reflection
Does Proctor’s model sit better here??
Any other links??

Not included but things we need to consider including:
- Key skills of a supervisor? (?under roles and responsibilities)
- Any additions to make this applicable to group supervision or action learning?

Checklist: At end or before ‘Before supervision’

<table>
<thead>
<tr>
<th>When</th>
<th>Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>Relevant knowledge and skills</td>
</tr>
<tr>
<td></td>
<td>Supervisor identified</td>
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<tr>
<td></td>
<td>Training undertaken includes elearning</td>
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<tr>
<td></td>
<td>Contract / agreement in place</td>
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<tr>
<td></td>
<td>Supervisee prepares for the sessions</td>
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<tr>
<td></td>
<td>Clarity about what components of supervision will be covered (clinical professional, managerial and operational)</td>
</tr>
<tr>
<td>During</td>
<td>Creation of a safe space (telephones etc off / silent, session prioritised</td>
</tr>
<tr>
<td></td>
<td>Review of the previous sessions actions occurs at the beginning of a session</td>
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<tr>
<td></td>
<td>Reflective questioning</td>
</tr>
<tr>
<td></td>
<td>Identification of actions from the discussion</td>
</tr>
<tr>
<td>After</td>
<td>Review of session</td>
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<tr>
<td></td>
<td>Record of session</td>
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<tr>
<td></td>
<td>Evaluation of session</td>
</tr>
</tbody>
</table>

What’s helpful?
What’s not helpful?
What’s missing?
Any other comments?

Responses

Page 1 – include
Title of page