Supervision Guidance for Physiotherapy Staff

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NHSCT/11/463

Target audience:

This policy is directed to all physiotherapy staff, professional and support, working in the NHSCT.

Sources of advice in relation to this document:

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Rebecca Getty, Assistant Director Acute Services Operational Support

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N/A

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NHSCT Mission Statement

To provide for all the quality of services we would expect for our families and ourselves
Supervision Guidance for Physiotherapy Staff

August 2011
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Introduction

Clinical supervision is one activity which can contribute to Continuing Professional Development. The process of clinical supervision helps practitioners to develop skills of reflection, narrowing the gap between theory and practice and enabling a deeper understanding of what it means to be an accountable professional. It provides a support system for practitioners to ensure the provision of high quality treatments or services through the evaluation of practice and is one method of supporting the clinical governance agenda.

Definition

Clinical supervision can be seen as a collaborative process between two or more practitioners of the same or different professions. This process should encourage the development of professional skills and enhanced quality of patient care through the implementation of an evidence-based approach to maintaining standards in practice. These standards are maintained through discussion around specific patient incidents or interventions using an element of reflection to inform the discussion. (CSP 2005)

What it is not

- Fieldwork/clinical education - the education and training of students on pre and post qualifying programmes.
- Mentorship - a nurturing relationship between an experienced professional and one who usually has not progressed as far in their chosen career which involves discussion on a broader personal and professional development, not specifically clinical development. Those involved are not necessarily of the same professional background.
- Appraisal/development review - a formal, management led assessment of the quality completion of a set professional objectives and personal development activities. Usually done on a 6 month or 12 month basis with additional formal reviews as deemed appropriate.
- Peer review - an evaluation of the clinical reasoning about a patient episode by a peer at a similar clinical level using patient case notes to guide the discussion. Practitioners should select their own peer or peers and the process is carried out informally.
- Counselling - a therapeutic process encouraging resolution of personal, emotional issues linked to past experience.
- Preceptorship - a term indicating the support period undertaken to support new graduates.
The purpose of this policy is to

- Achieve a consistent approach to clinical supervision.
- Ensure a clear process around clinical supervision.
- Make staff aware of the purpose and benefits of clinical supervision.
- Make staff aware of their responsibilities with regard to clinical supervision.

Aims of Clinical Supervision (CS)

- Encourage and enable the supervisee to learn and develop new or improved working practices.
- Ensure good practice and the delivery of a high quality physiotherapy service to our service users.
- Support staff in meeting competency levels for KSF gateway progression.
- Facilitate clear and unambiguous communication, conducted in an atmosphere of beneficence.
- Provide a forum for support, encouragement and feedback.
- Provide an opportunity to raise/identify difficulties or concerns.
- Identify and tackle issues associated with pressure and stress in the workplace with the aim of supporting staff.
- Support CPD.
- Be planned and systematic and conducted within agreed boundaries.
- Be evaluated against set standards.

Target Audience

This policy is directed to all physiotherapy staff, professional and support, working in the NHSCT.

Roles and Responsibilities

Chief Executive
The Chief Executive of NHSCT accepts responsibility and accountability for quality service provision at Trust Board level which includes systems which support clinical and social care governance.

Head of Service
The Head of Service has a responsibility to promote, coordinate and facilitate implementation of supervision for physiotherapists and support staff. In addition they may act as supervisors for Clinical Leads.

Clinical Leads/Team Leads
Team Leaders have a responsibility to role model and facilitate implementation and maintenance of supervision for physiotherapists and
support staff within their teams. It is the responsibility of clinical leads to ensure all individuals have access to appropriate clinical supervision and this is monitored through an audit system.

**Clinical Supervisors**
It is the responsibility of the supervisor to ensure that they are appropriately trained and skilled to undertake the role and receive their own supervision to support them as supervisors. Supervisors will take responsibility for facilitating CS in a competent and reflective manner.

**Supervisees**
It is the responsibility of the supervisee to ensure they maintain contact with supervisors and plan supervision sessions in advance. Supervisees are responsible for preparing in advance for their supervision and recording supervision for CPD purposes.

**Process of Clinical Supervision (CS)**

- Involve all individuals in the service, signed up by staff and supported and resourced by management.

- CS may be on an individual or group basis as appropriate.

- The frequency of CS must be sufficient to meet and maintain the aims of CS. The CSP recommends that a minimum of half a day per month should be allocated to personal learning time and clinical supervision as an informal CPD activity can be allocated time from this.

- CS should take place at least every 3 months.

- Each session should last 30 mins - 1 hour.

- Flexibility with timeframes may be required to meet the needs of newly qualified/newly appointed staff or for staff who are finding the job difficult.

- A contract should be in place between the supervisor and supervisee which should clearly set down each person’s roles and responsibilities (Appendix 1).

- Where CS needs to be postponed, a new time will be agreed at postponement, the reason for postponement and a new date will be recorded.

- The supervisor must demonstrate they have the appropriate skills to carry out their role. Training will be provided if necessary.

- The supervisee has a responsibility to raise/identify difficulties or concerns within their work and participate in problem solving.
• Any concerns the supervisee may have about a supervisor, and visa versa, should be addressed before CS contract agreed.

• The supervisee should be aware that unless specified by them, CS records will be shared across sites and teams as appropriate as the member of staff rotates between departments/sites.

**Contract for clinical supervision should include**

• Average duration and frequency of session.
• Type of model and scenario.
• Types of support materials.
• Statement around public and confidential elements of the session.
• Roles and responsibilities.
• Record keeping.
• Reasons for terminating supervision relationship.

**Clinical supervision within MDTs**

Clinical supervision within MDTs falls into two distinct areas:

• Operational supervision; and
• Professional supervision.

Operational supervision is the responsibility of the Team Manager and covers the general needs of the individual including mandatory training, capacity and team working. This may be given as a group or individually depending on the need.

Professional supervision is physiotherapy specific and the implementation of it is the responsibility of the Clinical Lead Physiotherapist. It includes topics such as training needs, CPD, competencies and KSF.

**Recording of Clinical Supervision**

• Across all areas of physiotherapy, CS will be recorded on proforma CS1 (Appendix 2).

• Each session will begin with matters arising from last session before moving to the new agenda.

• The agenda must be flexible to meet the needs of both supervisee and supervisor but the supervisor will be responsible for preparing the clinical content to be discussed.

• Content is decided by both supervisor and supervisee. This may include discussion of complex cases, an individual case review, review of documentation, review of caseload and NPs/RVs, incidents, accidents, complaints, audits or annual leave cover etc.
• The contents of the discussion around the agenda will be summarized and recorded on the proforma along with action points.

• Any action plans should be set alongside agreed timescales.

• The CS record should be signed and dated by supervisor and supervisee and the date for next session agreed and documented.

• The signed record should be retained by the supervisor in staff file within the department and a copy retained by the supervisee.

• Supervision records should be shared across sites where staff move/rotate within the trust and across departments.

• CS should take place in a quiet area.

• Each member of staff including assistants will have a supervisor.

• Disciplinary and capability issues should not be ignored during supervision. Supervision records can be used in relation to both disciplinary and capability procedures.

• Supervisors must be aware that, in honouring confidentiality, they have a duty to report issues of professional misconduct i.e. unsafe or unethical practice or any illegal activity uncovered.

• The Team Lead Physiotherapist for each site in conjunction with the Physiotherapy Service lead will be responsible for evaluating CS through audit

**Monitoring and Evaluation**

In order for CS to be seen as an effective process, an audit of the system must be carried out. Potential markers include:

• Safer clinical practice;
• Better patient assessment;
• Improved patient experience; and
• Reduced complaints.

A sample of questionnaires for supervisees and supervisors can be found in Appendix 3.

**Legislative Compliance**

This Guideline should be read in conjunction with the following documents:

Northern Trust, Physiotherapy Continued Professional Development Guidance Document
Northern Trust Disciplinary Procedure
Northern Trust Competence and Capability Procedure
Health Professions Council (2005) Standards for continuing professional development. London HPC

Equality, Human Rights and DDA

This policy has been drawn up and reviewed in light of Section 75 of Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an equality Impact assessment is not required.

Alternative formats

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

Sources of Advice in relation to this document

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.
Appendix 1  Supervision Contract

As supervisee and supervisor we agree to the following

- To work together to facilitate reflection on issues affecting practice, in order to both personally and professionally develop a high level of practice expertise.
- To meet as outlined in the Physiotherapy Supervision Policy
- To protect the time and space for supervision, by keeping to agreed appointments and time boundaries. Privacy will be respected and interruptions avoided
- To keep a record of our supervision, showing the time and date of the meeting and action plans.
- To have knowledge of policies relating to paperwork, Data Protection, Confidentiality and Complaints Procedure

As a supervisee I agree to

- Prepare for the sessions, for example by having an agenda and bringing pertinent practice issues to supervision.
- Take responsibility for making effective use of time
- Be willing to learn, develop practice skills and be open to receiving support and challenge

As a supervisor I agree to

- Keep information confidential, except for following exceptions
  - Should you describe any unsafe, unethical or illegal practice that you are unwilling to go through the appropriate procedures to address OR you repeatedly fail to attend sessions. In the event of an exception arising I will discuss the issue with you and if I remain concerned then I will inform you that I will need to discuss this issue with a suitable manager.
- Offer advice, support and supportive challenge to enable you to reflect in depth on issues affecting your practice.
- Be committed to continually developing myself as a practicing professional
- Use my own professional supervision to support and develop my skills as a supervisor and practitioner.

Supervisor_________________ Supervisee_________________ Date ________
Appendix 2 Record of Clinical supervision

Supervisee___________________ Supervisor____________________

Base________________________ Date__________________________

Matters arising from previous Supervision

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<th>AREAS DISCUSSED</th>
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AGENDA
1. Clinical issues e.g. individual case issues/learning, clinical reasoning
2. Case File review documentation review, identification of goals
3. Performance management e.g. NPs/Reviews, caseload, time management
4. Incidents & complaints e.g. Infection Control
5. Courses/CPD/IST Portfolio keeping, Reflective practice, Objectives
6. Service development e.g. audits,
7. AOB AL, Cover, Absence

Signed supervisee________________________

Signed Supervisor________________________

Date for next supervision___________________
Appendix 3 Supervision in Physiotherapy Evaluation Questionnaire

Introduction
Clinical supervision forms part of the wider health and social care agenda concerning quality, accountability and efficacy of practice. It provides a support system for practitioners to ensure the provision of high quality treatments or services through evaluation of practice or service. Both the CSP and HPC consider it as an appropriate and valuable CPD activity.

To evaluate and thus inform the Trust processes which are currently in place to support supervision, you have been randomly selected to receive this questionnaire. We would appreciate you taking a few minutes of your time to complete it. It should not take more than 10 minutes to fill in. (details included of return of questionnaire)

This questionnaire is relevant for all physiotherapy staff working within the NHSCT. Whilst this questionnaire is anonymous, we ask that you provide a few details about yourself:

Staff band:
Band 5  □
Band 6  □
Band 7  □
Band 8 and above  □

Specialty:
Acute Hospital  □
Community Facility  □
Intermediate Care  □
Mental Health  □
Learning Disability  □
Paediatric  □

Q1. Are you aware of the Physiotherapy Service Clinical Supervision Policy?
Yes  □  No  □

Q2. How often have you had Clinical Supervision in the past year?
Never  □
Every 0-3 months  □
Every 4-6 months  □
Every 6-12 months  □

Q3. How long is each session (approximately)?
1 hour or less  □
1 – 2 hours  □
2 or more hours  □

Q4. Were these sessions provided by the same supervisor?
Yes  □  No  □

Q5. Was supervision provided to you within a group or on a one-to-one basis?
Group  □
One-to-one  □

Q6. Do you feel you had time to prepare for your supervision?
Yes  □  No  □

Please indicate your level of agreement for the following statements by ticking the number which best represents your answers:
1- strongly disagree
2- disagree
3- no opinion
4- agree
5- strongly agree

Q7. Supervision activities have given me time to reflect on my practice.
1  □  2  □  3  □  4  □  5  □

Q8. My supervisor provides support and encouragement for me.
1  □  2  □  3  □  4  □  5  □

Q9. Supervision has helped me to manage work related stress.
1  □  2  □  3  □  4  □  5  □

Q10. My supervisor enables me to reflect on sensitive issues so that I can learn from them.
1  □  2  □  3  □  4  □  5  □

Q11. Has supervision helped you to develop your practice?
Yes  □  No  □

Please give one example:
Q12. Please give one example of how supervision has improved patient/client care within your work area:


Q13. Have you identified learning and development needs through the process of supervision?
Yes □ No □

Q14. If 'yes' then please give two examples:
1. 
2. 

Q15. If you have not been supervised to the frequency level outlined in the policy, can you list main factors as to why?
1 
2 
3 

Q16. Was an action plan agreed/arrangements made to address your learning and development needs?
Yes □ No □

Q17. Were written records made of your supervision session?
Yes □ No □

Q18. Who made these records?
Me □ My supervisor □ Both □

Q19. Did you receive a copy of the clinical supervision record?
Yes □ No □

Q20. Have you any further comments?

Thank you for taking time to fill in this questionnaire.

Information about feedback and return address

Karen McMaster  
Physiotherapy Service Lead  
Robinson Hospital  
Ballymoney