

Handbook for Clinical Supervisors: Nursing Post-Graduate Programmes

AUTHOR(S)

Steve Pitman

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Introduction

This handbook provides guidance on clinical supervision for nurse supervisors of post-graduate learners. It is designed as a resource for supervisors that can be applied and adapted for all post-graduate nursing programmes within the College. Post-graduate programmes in this context are designed to prepare nurses to meet the requirements for the role of clinical nurse specialist and advanced nurse practitioner. The handbook covers a range of key topics relevant to clinical supervision that include; defining clinical supervision, benefits of supervision, effective supervision, assessment educational needs, providing feedback and managing learners in difficulty.



Many of the features of clinical supervision for post-graduate learners in nursing are directly transferrable and applicable to clinical supervision to use in everyday practice. Crucially, as nurses undertaking post-graduate programmes are already on the professional register, they are subject to An Bord Altranais 'Code of Conduct' (ABA, 2000) and Scope of Professional Practice (ABA, 2000). It should also be remembered that post-graduate learners often part-time students and often in full-time employment.

Over the past decade there has been growing interest in clinical supervision within nursing in Ireland. While it still remains at a developmental stage there is increasing evidence that it is being integrated into continuous professional development. The NCNM (2008) provide a range for case studies of the introduction of clinical supervision for nursing in a range of practice settings (including mental health, palliative care, public health nursing) and role (Registered Nurses, Clinical Nurse specialist and clinical nurse managers).

What is clinical supervision?

The importance of clarifying definitions of supervision and the provision of supporting guidelines has been identified as crucial to the delivery of effective clinical supervision. The RCN Institute (1997) define clinical supervision as;

Clinical supervision is regular, protected time for facilitated, in-depth reflection of clinical practice. It aims to enable the learner to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development. The learner reflects on the part she plays as an individual in the complexities of the events and the quality of her practice. This reflection is facilitated by one or more experienced colleagues who have expertise in facilitation and frequent, ongoing sessions are led by the learner's agenda. The process of clinical supervision should continue throughout the person's career, whether they remain in clinical practice or move into management, research or education'.

This definition emphasises the role of reflection on practice and the personal development of the learner. Kilminster et al (2007:2) focuses on other features of clinical supervision.

*'The provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee's experience of **providing safe & appropriate patient care.**'*

Benefits of clinical supervision

Quality & Patient Safety

The most important purpose of clinical supervision is to ensure quality of care (ABA, 2003, Cutcliffe, Butterworth & Proctor, 2001). Clinical supervision plays a central role in supporting clinical governance through; quality assurance, risk management and performance management. In addition to framing systems of **accountability** and **responsibility** (RCN, 2007). Clinical supervision has also been shown to have a positive impact on patient outcomes and in contrast a lack of supervision has been found to be harmful for patients (Kilminster & Jolly, 2000). Increased deaths have been associated with lower levels of supervision of doctors (McKee & Black, 1992).



Supervision of the practice of healthcare professions has been identified by the Health Information & Quality

Authority (2010) as a crucial factor in improving **patient safety**. Inadequate supervision of healthcare professional has been highlighted as a trigger for latent failures and errors (DOHC, 2008).

Learning

In addition to improving the quality and standard of care clinical supervision has beneficial effects on learning. Kilminster et al (2007) identified the following benefits of clinical supervision;

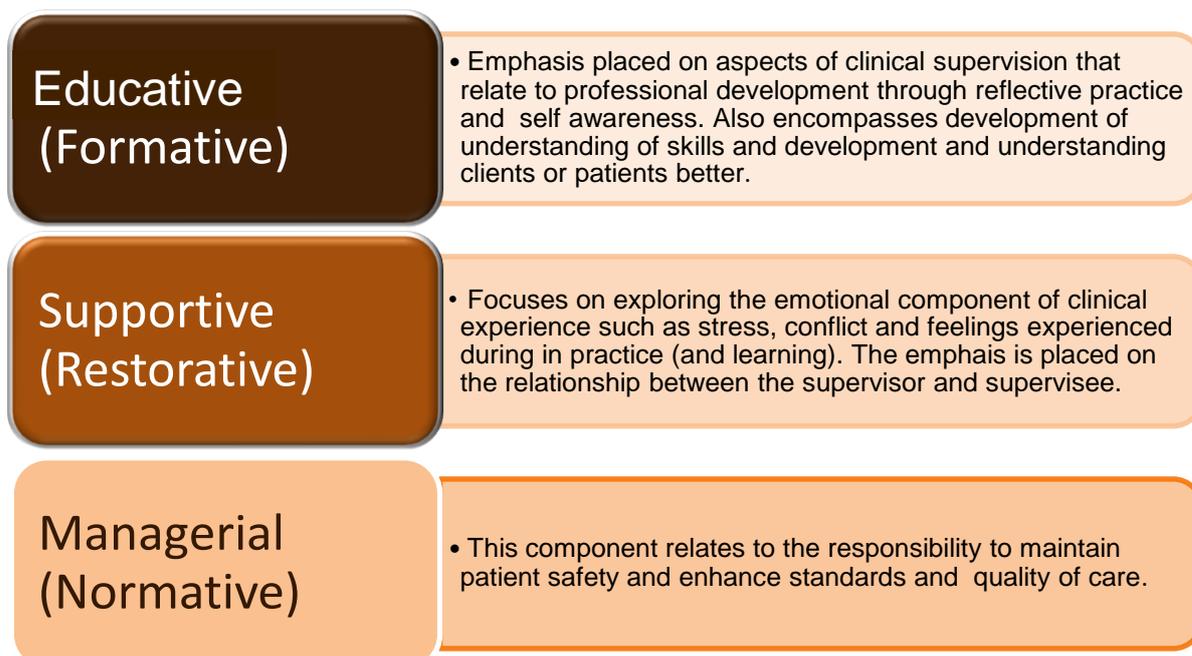
- Educating the learner
- Identifying learner problems
- Supporting the learner
- Monitoring learner progress

Models and components of clinical supervision

There are a number of different model developed for clinical supervision. These emphasise different approaches; one-to-one meetings, peer supervision, group supervision, and networking (Butterworth & Faugier, 1993; Kilminster & Jolly, 2000). The main approach used as part of post-graduate nursing programmes is face-to-face meetings. However, other approaches should be considered if appropriate to the context of learning. An example would be the use of clinical supervision as part of an action learning set or group. This could be both facilitated or self-managed and would include a focus on peer supervision. While networking as an approach to clinical supervision is less common it is a useful option when trying to improve communication and support for learners in different locations. This approach can be supported through online discussion forums on the virtual learning environment and through video conferencing technology. Both of which are available to supervisors and learners through the College.

Proctor identified three components of clinical supervision, which are commonly referred to in the literature (NCNM, 2007, RCN, 2007). These are outlined in figure 1.

Figure 1: Components of clinical supervision

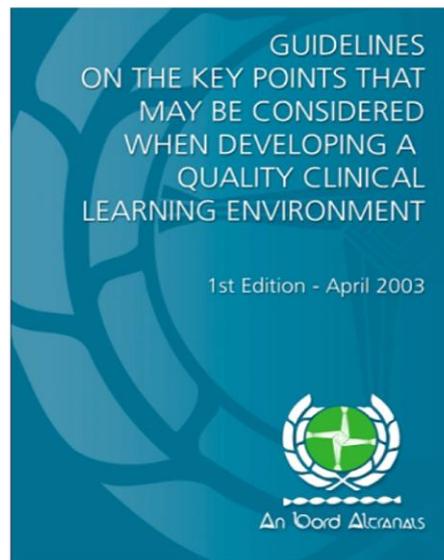


Adapted from NCNM (2007:3) & RCN (2007:3)

Clinical learning environment (CLE)

The key function of any CLE is that it provides experience and supervision that allows learners to achieve learning outcomes specific to the programme of study (ABA, 2003). This is achieved through the support of practitioners and access to learning opportunities. CLEs should provide learning opportunities for learners to observe, experience and participate in direct patient care.

Rotem et al (1996:706) argues that clinical environments that are positively orientated toward teaching also “provide high quality supervision, good social support, and appropriate levels of autonomy, variety and workload”. In addition quality CLEs also include effective teachers and facilities (Boor et al, 2007). It should be remembered that the CLE can both facilitate and restrict the quality of learning and have a significant impact on learning (ABA, 2003).



Characteristics and qualities

A number of important characteristics and qualities of supervisors have been identified by nurses (Sloan, 1999). The single most important characteristic is the ability to form a supportive relationship which has been shown to help develop professional identity (Kilminster & Jolly, 2000, Severinsson & Sand, 2010).

Relationships

Expertise & Skills.

Commitment

Listening

Kilminster et al, (2007) highlights a number of behaviours that can make supervision more effective and enhance learning. These include engaging with the student in providing direct guidance and feedback on practice. Role modelling positive behaviour is also an important feature of an effective supervisor (Sloan, 1999). Active involvement of learners in activities such as problem-solving activities can help promote learning (Wagner et al, 2003).



Involvement in problem-solving provides an opportunity for assessment and to stretch the student to allow learning to take place.

An effective supervisor

The characteristics of an effective supervisor have been identified by Kilminster et al (2007:13). These characteristics include the ability to;

- Observe and reflect on practice
- Give constructive feedback
- Teach
- Identify alternatives
- Problem-solve
- Motivate
- Foster autonomy
- Provide information
- Appraise self and others
- Manage a service
- Create a supportive climate
- Advocate
- Negotiate
- Manage time
- Organise



At the heart of these characteristics is an enthusiasm and **commitment** to learning and clinical supervision.

An ineffective supervisor

Ineffective supervisory behaviour includes the following;

- Rigidity
- Low empathy
- Failure to offer support
- Failure to follow learners' concerns
- Not teaching
- Being indirect and intolerant
- Emphasizing evaluation and negative aspects

Concerns have also been raised about the conflict between supervisors as line managers (Burrows, 1995, Sloan,1999). Where possible this should be avoided as it is likely to inhibit the supervisory process. Recording of supervision sessions and storage managers is not considered good practice

Assessing the educational needs

The two main types of assessment are formative and summative (Osborn & Kelly, 2010). Formative refers to ongoing assessment and makes up the bulk of the interaction between the supervisor and learner. It usually occurs as one-to-one feedback that is direct and delivered close to the point of learning. – ‘here and now’. Summative assessment is cumulative and more detailed and takes place at a given point in time such as the end of a placement. Both types are used as part of the post-graduate nursing programme clinical placements assessment of learning.

A three stage process is used as part of clinical placements on the post-graduate nursing programmes. This allows for the assessment of the education needs of the learner, monitoring of progress and evaluation of learning outcomes. This process should be used in tandem with agreed supervision sessions. It is expected that supervision sessions will take place on a weekly basis. The three stages consist of;

- **Initial**
- **Progress**
- **Evaluation**

During each of the stages the learner and supervisor will review the overall learning outcomes and associated competencies (these are specific to each programme and provided to each learner at the start of each allocation).

Initial stage

The initial meeting between supervisor and learner is crucial to establish communication and to identify the repertoire of the learner’s skills and goals for the allocation (Juhnke, 1996). This provides an opportunity early in the supervisory process for the learner to **negotiate** specific activities that they wish to experience. It also enables clarification about expectations and a review of the learning outcomes for the module/allocation. Crucially it allows the opportunity to start to match the learner stage of learning to teaching styles. Grow (1991) describes the learner stages as consisting of **dependent learner, interested learner & self-directed learner**. It would normally be expected that students would progress through the stages. These are then matched with three teaching styles; **authority, motivator/facilitator & delegator**. Figure 3

Figure 3: Matching learner stages to teaching styles

Learner stages	Teacher Styles		
	Authority	Motivator/ Facilitator	Delegator
Dependent learner	Match		
Interested learner		Match	
Self-directed learner			Match

From Lake & Ryan (2004:527)

This matching of stages to styles requires the supervisor to be flexible and to adapt to the learning needs of the learner (Lake & Ryan, 2005).

To help support this process supervisors and learners are expected to hold their first meeting within the first week of the allocation. This allows time for the learner to orientate themselves to the clinical environment and to consider the goals skills that they wish to learn and the goals that they wish to achieve. Leaving the initial meeting later than one week starts to reduce the time that the learner has to achieve their learning outcomes for the allocation.

At the initial meeting the learner must record their learning goals on the *clinical learning outcomes and competencies* section of their eportfolio. Access to the goals and competencies should be made available by the learner to the supervisor via the 'View' function on the eportfolio. Following discussion and agreement of the learners' goals the supervisor should make a record on the feedback section of the 'View' function of the eportfolio.

Progress stage

The progress stage enables the learner to reflect and review their progress in achieving learning goals and outcomes. During this meeting the overall learning outcomes and competencies should be reviewed. This includes both the learner and supervisor scoring each of the competencies using the 5 point competency assessment scale. The scale is adapted from Benner's stages of clinical competency (Figure 2). Following discussion the learner and supervisor should highlight competencies that require further development. Competencies scored in the 'novice' or 'advanced beginner' categories should be supported by an agreed action plan that should be reviewed on a weekly basis.

Figure 2: Stages of clinical competency

	Stage	
1.	Novice (fail)	No experience of the context. Knowledge and skills are extremely limited. Requires high supervision and direction.
2.	Advanced Beginner (fail)	Demonstrates limited skills and knowledge. Requires further experience to build competency.
3.	Competent	Mastery of key competencies. Requires further experience to build an holistic view practice and care. Limited in speed and flexibility in performing key skills.
4.	Proficient	Understands context of care as a whole rather than discrete parts. Demonstrates the ability to plan and adapt to changing situations. Relies on analytic principles, rules, guidelines and maxim.
5.	Expert	Demonstrates an intuitive grasp of the practice and the context of care. Not reliant on analytic principles. Able to adapt to changing situation and provide alternative perspectives on care.

Evaluation

The evaluation should be carried out one week before the end of the placement. **This forms the overall clinical assessment for the module.** The learner and supervisor should review the overall learning outcomes, competencies and goals. Both the learner and supervisor should score each of the competencies using the 5 point competency assessment scale. The supervisor should make record of the evaluation on the eportfolio. Following discussion the learner and supervisor should highlight competencies that score in the 'novice' or 'advanced beginner' categories. The supervisor should contact the programme module coordinator to notify them that the learner had not meet the required competencies. The programme module co-ordinator will then arrange a meeting with the supervisor and learner to discuss the progress of the student.

Learning opportunities

A variety of different learning opportunities can be included as part of the learners placement to enable learner to gain a **multidimensional view** of care. An Bord Altranais (2003) outline a number of examples;

- access to patients' / clients records
- access to ward reported
- participation in clinical rounds
- clinical tutorials
- clinical case conferences
- shadowing
- assessing patient/clients under supervision and with support
- Engaging in practice with supervision at a distance in a safe environment.
- Project work.

Often teaching is opportunistic in nature and cannot always be planned in advanced. This type of is referred to as Lake (De Brún, 2004)



Learner responsibilities

As part of professional education and adult learning learners are expected to take responsibility for their own learning and play an active role during the supervisory process. The supervisor will expect the following. The learner to;

- be familiar with the learning objectives for the placement/experience
- negotiate and agree the learning objectives for their placement.
- attend supervisory sessions prepared with agreed actions.
- that they should lead supervisory sessions and take responsibility for the focus of the discussion.
- be open to using reflection and building the capacity for self awareness.
- Identify areas for development and improvement.
- record their progress in relation to the agreed objectives using the eportfolio
- identify areas for improvement and development.

adapted from Kilminster et al (2007)



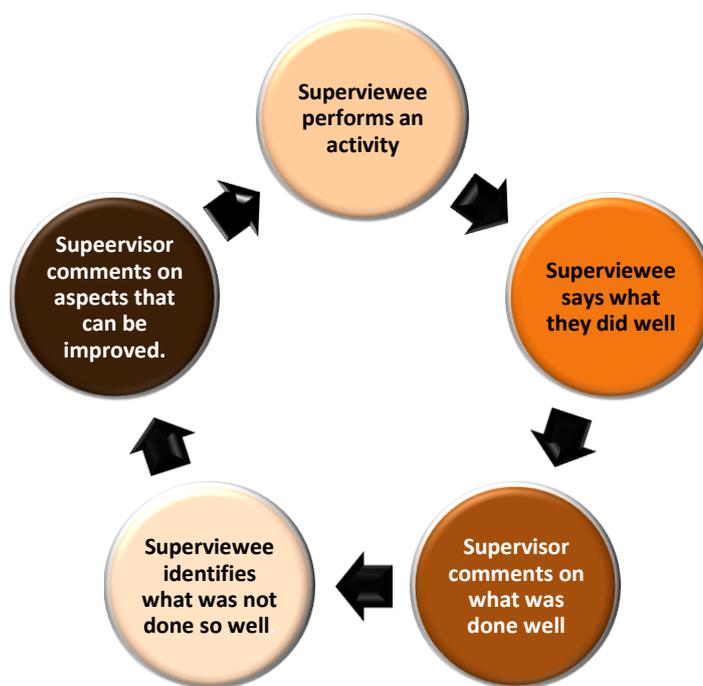
How to give feedback

Feedback is an essential component of supervision. Effective feedback must be perceived positively by learners and must be clear (Kilminster & Jolly, 2000). The aim of constructive feedback is identify strengths and areas for improvement with the ultimate goal of improving performance (Kilminster et al, 2007). It is most effective when it is timely and close to the activity or event.



A useful model to follow when providing feedback is Pendleton's five step process (Pendleton et al, 1984) (Figure 3).

Figure 3: Pendleton's five step process for feedback



This structure of both identification of strengths and areas for improvement has a motivating potential for learner assessment (Rowntree, 1977).

It is important when difficulties arise that they are dealt with as early as possible. The problem should be described to the learner with reference to agreed expectations. The consequences of the action or behaviour should be clearly stated along with the impact. It is important to allow the learner time to present their viewpoint and they feel that they have been heard. Solutions and options should be explored and suitable actions should be agreed with the learner along with specified follow up.

Ground rules for effective feedback

- Be timely
- Be specific
- Be constructive
- Be in an appropriate setting
- Allow learner input
- Involve active listening
- Focus on the positives

(Vickery & Lake, 2005)

Managing the learners in difficulty

Part of the role of all healthcare professionals is to care for colleagues. In this regard learners are no different. Educational establishments also have a duty of care for students and have an obligation to promote a health work environment. Learners can be under pressure for a number of reasons that related to the academic programme of study, social and personal factors, financial concerns or illness. The demands of study or the job can sometimes place significant pressure on learners particularly during changes in clinical experiences or during examination time. Supervisors should be aware of the potential stress that exposure to clinical events can have on the learners. The supervisor should observe for signs of withdrawal, disengagement or changes in mood that may be an indication of difficulties. Time should be allowed during supervision sessions to allow learners to reflect on their experience and explore their feelings and emotions. To allow this professional relationship needs to be built between the supervisor and learner where trust can be established. Supervisors should avoid confronting learners but should adopt a more supportive approach. If appropriate the learner should be encouraged to seek further support from student support services, or a medical practitioner. Issues relating to confidentiality should be discussed and clarified early on in the supervisory process.

Supervisors should be on the look out for learners that are in difficulty. Signs that may indicate problems can be varied and include changes in the following behaviour;

- Performance
- Ability to work, work safely (increased sickness)
- Mood /self esteem
- Interaction with family and friends
- Relationships with others
- Participation in leisure activities

Other warning signs often relate to persistent and recurrent patterns of behaviour that include:

- Shortfalls in performance
- Self awareness problems
- Inflexibility
- Anger / Aggression
- Absences
- Avoidance
- Alcohol and/or drug use.

Early action is vital to help the learner and to help address the problem.

Support Services

Supervisors who are concerned about students should contact the Programme Director. Contact information for each of the programmes can be found on the College virtual learning environment (<http://vle.rcsi.ie>)

RCSI Student Support & Welfare provided a variety of services to help support students experiencing difficulties. Information related to the appropriate service can be found on www.rcsi.ie.

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