

Supervision Part 2

Continuing on from the article on Supervision in Issue 43

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We now look at: The Supervisee's Role
The most commonly asked FAQs
An example of a Supervision Contract

The Supervisee's Role

For supervision to be effective the supervisee must be clear about their role and responsibilities within the supervisory relationship. The main elements include:

- Practical/organisational
- Reflection
- Professional development

The supervisee must:

Practical/organisational

- Respect the timing of the session and ensure no interruptions
- Take part-ownership of mutually agreed contracts, ground rules and guidelines
- Keep records in the form of a reflective diary, professional portfolio or an action plan
- Come to a supervisory session prepared, bringing a professional issue to discuss or to continue with an issue that has been raised in past clinical supervision sessions
- Ensure that any agreed action plan is acted upon within the agreed time scale

Reflection

- Be willing and open to engage in the reflective elements of supervision and be aware of limitations
- Be honest with the supervisor and to provide him/her with accurate feedback
- Be prepared to challenge the supervisor when necessary

Professional development

- Be prepared to undertake professional development within their sphere of clinical practice
- Endeavour to gain a broader understanding of the available resources and support networks

Potential Pitfalls in Clinical Supervision

- The supervisee invites the supervisor to collude against the organisation. For example to justify avoidance of form-filling.
- "Be nice to me because I am nice to you". Flattery may make it difficult to challenge a supervisee.



- The supervisee presents personal or health problems. This may detract from clinical issues and may lead the supervisor into a ‘helper role’
- The supervisee may claim to be more experienced and undermine the supervisor.
- Inappropriate language may be used.
- “All or nothing”. The notion that the organisation needs to change may lead to the idea that it is not worth “tinkering around the edges”.
- “Heading off at the pass”. Poor practice is freely admitted with a view to eliciting sympathy rather than challenge.
- The supervisor speaks too much and disengages.
- The supervisor is expected to solve the problems and, as a result, the supervisee does not develop.
- Poor outcomes are blamed on ‘poor’ supervisor advice.
- The boundaries between the professional and social relationship are not clear. This may result in a lack of challenge.

Legal Aspects of Clinical supervision - Professional Accountability

The following applies to BOTH Supervisor and Supervisee.

Reporting dangers:

Any supervisor who learns of information implying danger to the patient has a professional and contractual duty to make her/his concerns known to the appropriate person. If a practitioner who is registered with a professional body fails to pass on the relevant information she/he could be found guilty of professional misconduct.

Giving Negligent Advice:

The purpose of clinical supervision is not the passing on of advice from the supervisor to the supervisee. However there may be occasions when the supervisor ‘steps out of line’ and offers some advice to the supervisee. If this is the case that inappropriate or negligent advice is given to the supervisee and harm ensued from following this advice she/he may seek compensation from the employer for the negligence of the employees acting in the course of employment.

Duty of care to patients under the clinical care of the supervisee:

Dimond (1998) describes a situation where the supervisor may become aware that the supervisee is dangerous to a patient e.g. consider the Beverly Allitt case, and fails to take any action. When the patient is eventually harmed by the supervisee it may come to light that the clinical supervisor may have been in a position to prevent this harm occurring. There is the possibility that the employer could be held vicariously liable for the negligence because the supervisor owed a duty of care to the patient.



Patients' Rights

It is not possible for the patient to refuse or consent to the clinical supervision of the health care professional who is caring for her/him. The difficulty arises when during a process of reflection the supervisee reveals confidential information about a particular patient who is also known to the supervisor. Needless to say the clinical supervisor is bound by a duty of confidentiality over any personal information about a patient passed on to her/him.

Access to Records

Employer

If the record (i.e. reflective diary) of the clinical supervision session is completed during work time then the employer can potentially gain access to it. This would only become an issue if the records had to be made available for a disciplinary hearing.

CLINICAL SUPERVISION Your Questions Answered

Clinical Supervision

Definition

'Clinical supervision is an interactive process between providers of health care, which enables the development of professional skills and knowledge.' (Butterworth & Faugier, 1993)

Who can have clinical supervision?

- Any member of staff - clinical supervision is an entitlement not an imposition

What is it?

Clinical supervision incorporates some or all of the following elements:

- A support mechanism
- Developing professional skills and knowledge
- Learning from others more experienced
- Integrating what is learnt from the clinical supervision session into clinical work
- A means of reflecting on practice and increasing self awareness in order to build on current strengths and coping mechanisms

What it isn't?

- It does not replace existing systems e.g. mentorship
- It is not a substitute for appraisal or professional accountability
- It is not a moaning session
- It is not a system of competence or criticism
- It is not about management control

Who is a clinical supervisor?

- An individual who has received adequate preparation and training for the role of clinical supervisor
- An effective role model who can provide valuable knowledge and experience to assist in improving client care and clinical expertise
- The clinical supervisor is chosen by the clinical supervisee

What are the benefits of the clinical supervision process?

- A happier workforce
- A more supportive work environment
- Encourages the dissemination of good practices and shared learning
- Developing clinical practice and thereby improving patient care
- Promotes confidence, decreases the incidence of emotional strain and burn out
- Increases self awareness
- Encourages the appropriate skills and knowledge especially in areas of technological change

As an accredited counsellor and supervisor, I have had supervision for the last 30 years. It has always been such a worthwhile experience and I have learnt such a lot from each one of my supervisors.

And finally - a Sample Clinical Supervision Contract follows for your information. Thanks.

Ros

Sample Clinical Supervision Contract

Name of Supervisee: _____

Name of Supervisor: _____

Date of commencement of contract: _____

Frequency of the sessions: _____

Duration of the sessions: _____

Confidentiality - The boundaries of confidentiality with the supervision process have been discussed.

Commitment - Supervision is a priority and should only be cancelled by either party due to illness or crisis.

We have discussed ground rules, boundaries, confidentiality and ethical issues and have agreed duration, timing, frequency and venue.

As evaluation and recontracting will be ongoing it is accepted that the relationship can be terminated without prejudice at any time.

Signature of supervisor: _____ **Date:** _____

Signature of supervisee: _____ **Date:** _____