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Introduction

There are many forms of supervision, including professional, management, clinical, case and peer supervision. This policy covers clinical supervision and reflective practice. This policy aims to provide a comprehensive framework appropriate for staff and practitioner supervision that ensures the delivery of a competent, safe and high-quality service. In a mental health and therapy company, needs for clinical supervision and reflective practice will vary depending on the context of work, experience of staff, the frequency of client engagement, whether staff are qualified or in a training placement, access to other supervision relationships inside and outside Atrium. The Clinic also provides clinical supervision and reflective practice as a service to paying clients but this policy provides an internal operating framework and is not for framing external service provision.

Terms

Reflective practice is central to the continuing development of many professionals (Taylor, 2010) and a requirement for maintaining registration for practitioners (Muir, 2010; Nicol and Dossier, 2016). One contemporary definition emphasises the reflective nature of these spaces: “a designated interaction between two or more practitioners within a safe and supportive environment that enables a continuum of reflective critical analysis of care and service offers to ensure quality client services, both counselling and learning services and the wellbeing of the practitioner” (Bishop, 2007). In Atrium Clinic, we extend reflective practice to all members of the team because we recognize the contributions of the whole team to client safety, client experience and the continual review of services to improve our offering. Professional bodies have advised that clinical supervision is practice focused and includes a professional relationship that enables reflection on practice with the support of a skilled clinical supervisor.

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Reflection contributes to the development of professional knowledge and skills and may be a feature of our Atrium community of practice offers, particularly when we are working together on new services and want to harness our collective analytical skills into review and refinement of these new endeavors. Reflective practice and peer reflective practice are also much used vehicles for our seasoned practitioners to assimilate their clinical supervision, client experiences and service or project development work. It is an integral part of continuing professional development (CPD) and of lifelong learning. Formal reflective practice aims to bring practitioners and skilled supervisors together to reflect on practice, to identify solutions to problems, to increase understanding of professional issues and to work together to continuously improve standards of care and learning. It may be part of clinical supervision or stand alone. All employees may benefit from reflective practice and review as part of Atrium's focus to support the wellbeing of the whole team.

Clinical supervision aims to promote client safety, improve patient and client care and develop clinical practice through confidential professional guidance and support. The purpose of this policy is to provide the detailed organisational requirements of clinical supervision which will contribute to patient/client safety and high- quality care. Clients derive benefits indirectly and directly from a therapeutic culture that incorporates reflection and clinical supervision at its core.

These client benefits include:

- Positive care experience.
- Safe and effective care and services which are responsive to client/patient need.
- Professionalism of staff demonstrated in every contact for the designated service context
- The delivery of contemporary evidence-based care.

Staff and practitioner benefits:

- Motivation and empowerment.
- Support and encouragement.
- Development of reflective clinical practice and evaluation skills.
- Development of self-awareness.
- Identification and understanding of own development needs and how to address them.
- Development of strategies for change.

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- Regular contact and opportunity for discussion with a supervisor.
- Learning and developing improved working practices, skills, knowledge and values.
- Learning from errors and successes.

Business benefits:

- Achievement of Atrium's strategic priorities and service goals.
- Assurance of high quality safe and continually improving services for clients.
- Meeting Adult and Child Safeguarding standards and being compliant to agreed processes.
- Supporting innovation, experimentation and positive risk taking.
- Developing positive relationships between colleagues/group supervisions and managing team.
- Encouraging evidence- based practice and responsiveness to relevant national/professional training standards.
- Validating decision making processes.
- Improving working lives.
- Practicing and developing empowering behaviours positively influencing the organisational culture.

Roles and Responsibilities

Self-employed colleagues are responsible for assuring they arrange and attend supervisions and record their attendance in accordance with their professional body requirements and their Atrium contract.

The Clinical Lead in each service will in conjunction with service managers:

- Ensure appropriate systems of reflective practice or clinical supervision are in place for all staff and colleagues who encounter our clients.
- Link systems of clinical supervision to clinical governance, reflective practice and continuing professional development.
- Ensure supervisors have had training in supervision and reflective practice; preferably to level of professional accreditation with BPS, BACP, UKCP or other professional bodies.
- Identify any gaps in the availability of clinical supervision and taking appropriate action to resolve gaps or attendance in a way that balances service and professional requirements.

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- Discuss the supervision needs of staff in their context of work and wider supervision within and outside Atrium and between managers, considering boundaries of different circumstances and the options available e.g. Groups/individual.
- Ensuring appropriate records of attendance are kept relating to delivery of clinical or reflective supervision and risk
- All staff are responsible for considering their own developmental needs and using the opportunity to access clinical supervision. They are responsible for discussing with their line manager any professional, personal and business requirements that impact on how they deliver their work and in particular regard to client safety directly or indirectly or because of supervisor advice.
- All clinical staff will participate in clinical supervision as part of professional practice. Frequency will be determined by individual practitioners in conjunction with their professional lead and line manager to ensure it occurs, unless professional guidelines and requirements or individual clinical service specify the amount that is required; mandated in our forensic services.
- It is recommended that a supervision contract, including ground rules, will be agreed by the supervisor and supervisee at the outset of the supervision sessions where trainee and placement requirements can also be considered.
- It is the responsibility of the supervisee to ensure clinical supervision takes place.
- The agenda for clinical supervision is set by the supervisor and the supervisee who will bring relevant and pertinent issues to the clinical supervision session. This could include clinical matters and case reviews initiated by the supervisor as well as the supervisee. Clinical supervision does not take the place of seeking immediate management or practice advice in the case of risk management or safeguarding or other more urgent dilemmas, or from accessing informal reflection and discussion as required. The supervisor will not disclose content unless any issue contravenes a relevant professional Code of Conduct or practice guideline, and such disclosure should only be made following discussion with the supervisee.
- If the supervisee is also the manager, attention should be given to clarifying how supervision will be differentiated from management matters and there should be alternative pathways for supervision with another person if there is a clear conflict at a personal level or there are reasons why the functions cannot run smoothly and independently.
- Monitoring of clinical supervision and feedback about its quality will be checked annually

References

- Lynch, L., Hancox, K., Happell, B. & Parker, J. (2008). *Clinical Supervision for Nurses*. Wiley-Blackwell. UK.
- Muir F (2010) The understanding and experience of students, tutors and educators regarding reflection in medical education: a qualitative study. *International Journal of Medical Education*. 1: 61-67
- Nicol JS and Dosser I (2016) Understanding reflective practice. *Nursing Standard*. 30: 36, 34-40 Nursing and Midwifery Council (NMC) Revalidation. Your step by step guide through the process