Clinical Supervision in Practice

Clinical Supervision in Practice

**Some questions, answers
and guidelines**

Edited by

Veronica Bishop

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Foreword

The provision of health care has never been more complex. It demands multi-professional, multidisciplinary and multi-sectional communications and partnerships. As Professor Bishop identifies in her introductory chapter, the demands are for qualified nurses to be 'innovative, to develop new skills, to be answerable for their actions and to constantly update their knowledge'. Nurses and nursing face challenges to provide an evidence base to inform clinically effective practice, and to ensure the evolution of clinical practice and clinical roles.

I am convinced that clinical supervision has an important role to play and will be a key element in driving forward safe and innovative practice and will prove to be a fundamental way of supporting clinical colleagues at every level of the health service.

The importance of clinical supervision is that it maintains a focus on patient and carer needs and the quality of nursing practice. This is central to safeguarding standards, developing professional expertise and delivering quality care.

From the first discussions of clinical supervision in *Vision for the Future: A Strategy for Nursing, Midwifery and Health Visiting*, the concept has been taken forward in a variety of ways. Where successful as identified in the chapters written by Chrissy Dunn, Chris Maggs and Nigel Northcott, the important factor is that it is being driven by practitioners and reflects local needs and is set in the local context. It offers different things to different levels of nurse, novice or expert.

Clinical supervision is about constant refinement, broadening perspectives, and it is about enabling practitioners not controlling them. It requires time, the right and skilled supervisors. What has come across very strongly in our interactions with most sectors is that while clinical supervision must be part of the organisational structure, it must be owned by clinical nurses and not become unnecessarily bureaucratic.

To achieve successful and effective implementation clinical supervision requires something of a cultural change. We are not, as a profession, yet used to inviting critical debate. We are

not good at sharing good practices nor are we always as skilled as we could be in constructively viewing less successful practice.

Clinical supervision is not common practice in all areas of nursing, in spite of the perceived benefits of enhanced practice for the benefit of patient care and the development of professional standards and personnel. Support for clinical leaders, particularly in flattened hierarchies, is seen as crucial to maintain and develop standards. Any such initiatives need to be set in tandem, and be supportive, to audit systems which are developed to ensure that patients, staff and their managers are achieving the maximum available to them.

What will work well in one environment may not work in another. Nurses working in rural areas may not have the same options as those in urban localities. Clinical supervision is not something that we can wave a wand over and the magical formula is there! We must get it right, it is so important, and we must be prepared to take it step by step.

The contributors to this book present individual perspectives ranging from theoretical concepts to practical application. What is demonstrated effectively is that clinical supervision is a 'dynamic process' that will improve health care and professional performance. I am sure that the reader will be fired with enthusiasm to commence and/or maintain the development of clinical supervision in their clinical environment.

Clinical supervision as part of a human resource strategy is not just a method of improving morale, recruitment and retention, but also a way to advance knowledge and practice.

YVONNE MOORES

Preface

This book is offered in the hope that it will convey the essential principles and aims of clinical supervision. Clinical supervision is not new across the health care disciplines, but there are many localities where it is being considered in a new dimension and, as such, the following chapters seek to offer guidelines and suggestions on how effective implementation of an important exercise may be achieved.

The individual contributors have voiced varied and different perspectives for the reader to consider, and, as is befitting in my view, I have not sought to blend their expert contributions into one homogenous style. Each contribution is unique, and I am most grateful to the authors for their support in producing what I hope will provide an interesting and very practical guide to implementing clinical supervision. I am also indebted to Linda Davidson and Jane Salvage of the *Nursing Times* for their support and help in contacting the Trust Nurse Executives involved in the text, and to the administrative staff of *Nursing Times Research*.

Clinical supervision must not founder for lack of initiative and ongoing support. Nurses, amongst others, need it to achieve their potential as individual and accountable practitioners offering the highest quality of services and care. Through this book, I hope to maintain commitment that I was fortunate enough to develop when the subject was new to many in the NHS. Clinical supervision is not an academic exercise, it is a dynamic process for practitioners. Don't take too long to read the book, this is a practical matter! Clinical supervision offers an opportunity not to be missed.

VERONICA BISHOP

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