



Western Health
and Social Care Trust

POLICY & PROCEDURES FOR SUPERVISION IN NURSING

February 2016



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1.0 POLICY SUMMARY

Clinical supervision encourages registrants to examine their practice, skills, knowledge, attitudes and values in a safe environment and is a key enabler in professional development for nursing and midwifery staff.

Supervision gives an individual registrant the means to develop professional skills and judgments to assess the nurse/patient relationship and a commitment to achieve professional growth in order to improve the standards of service.

Effective participation in clinical supervision is one way registrants can demonstrate responsibility for their own professional improvement.

If a Registrant completes and records the learning achieved through the supervision session, using the reflective practice template at Appendix E, this will support the development of the portfolio required by the NMC for revalidation purposes.

It is recommended this should happen.

2.0 INTRODUCTION

The importance of effective supervision has been highlighted in regional critical incident inquiries such as the Lewis Review (2003)¹, Murtagh Review (2005)² and McCleery Report (2006)³. The Quality Standards for Health and Social Care (DHSSPS 2006)⁴ recommend that an effective system for supervision across H&SC can help organisations meet each of the clinical and social care governance standards.

Supervision processes have also been recognised as a method of improving organisational recruitment and retention of nursing staff and already have an established association with job satisfaction, increased autonomy and reduced absenteeism (Hyrkäs et al (2006)⁵).

This policy and procedure document has been updated to support the implementation, continuing development and maintenance of a robust system of supervision for nursing staff who are employed within the Western Health and Social Care Trust (WHSCT).

The Policy should be read in conjunction with the following Policies:

- Public Interest Disclosure Policy (Whistle Blowing Policy) WHSCT (August 2015)
- DHSSPS Safeguarding Children Supervision Policy for Nurses (2011)

3.0 AIM OF POLICY

The aim of this policy is to identify clearly the processes through which supervision activities will be integral to the organisational delivery of safe and effective care and to ensure successful implementation within the nursing workforce in the WHSCT.

This policy identifies supervision for the nursing workforce as a key organisational objective for the Trust.

Implementation of an effective system of supervision for nursing will help ensure:

- Maintenance and improvements of care standards;
- Workforce competence and skill development;
- Delivery of safe and effective care;
- A supportive professional environment.

Senior management teams in the WHSCT must ensure that appropriate measures are in place to enable supervision activities for clinical and non- clinical nursing teams.

4.0 DEFINITION AND SCOPE

The Department of Health, Social Services and Public Safety (DHSSPS) adopted the following definition of supervision for nursing following The Review of Clinical Supervision for Nursing in the HPSS undertaken by NIPEC in 2006:

*‘Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety.’
NIPEC (2006)⁶*

It is the intention of the WHSCT that each registrant will undertake a minimum of two formal Supervision Sessions in a year. Registrants are likely to engage in other activities that can also support the supervision process.

It should be noted that the scope of Safeguarding Children Supervision and Supervision of Midwives differs from supervision referred to in this policy.

Further information is available from the DHSSPS Safeguarding Children Supervision policy for nurses (2011).

5.0 PURPOSE OF SUPERVISION ACTIVITY

Supervision activities can achieve a number of purposes simultaneously. It is important for both supervisors and supervisees to recognise and differentiate supervision activity from other processes such as appraisal/performance management systems. Whilst supervision activity informs and is informed by the Agenda for Change Knowledge and Skills Framework annual review process, neither activity should be substituted for the other, each activity having a different purpose.

The main purpose of supervision activity is to support:



- The development of knowledge and skills within a role or clinical area: the focus being safe and effective practice and benefit to patient care;
- Nurses in non-clinical roles through providing an opportunity to discuss issues pertinent to the delivery of safe and effective care and or professional issues;
- Nurses through difficult circumstances such as the challenging patient caseloads or difficult interpersonal contact with other team members;
- The development of competence, knowledge and skills through facilitation of personal and professional growth.

6.0 PRINCIPLES OF SUPERVISION

The following principles apply to registrants undertaking a range of supervision activities in the WHSCT:

- The WHSCT supports and promotes robust supervision activities for all professional staff;
- A range of professional supervision approaches is appropriate to ensure safe and effective care for people;
- All supervisors will have opportunity to undertake appropriate training, which meets their assessed need, in preparation for the role of a supervisor;;
- All supervisors and supervisees have responsibility to partake fully in the processes of supervision, including completion of appropriate recording documentation (Appendix A, B, C);
- The uptake of clinical supervision activity will be evaluated at organisational level to inform the WHSCT Annual Report to the Chief Nursing Officer.

7.0 PROCESS OF SUPERVISION

A number of procedural aspects are important to ensure supervision activity takes place effectively.

Training

The skill and competence of a supervisor is crucial to effective supervision for nursing. The skills required for supervision will build on existing communication and facilitation abilities learned through initial training and post-registration professional development.

Contracting

In setting up supervision, it is important that the boundaries of the supervisory relationship are established. This is achieved through a supervision contract, which is negotiated and agreed between supervisor and supervisee(s) at the start of supervision sessions. The contract may be reviewed at any stage at the request of either supervisor or supervisee(s), however frequent review should not be necessary. If a change of supervisor occurs, the contract should be reviewed, agreed and signed accordingly. A sample of the contract document can be found in Appendix A.

Ratios of numbers of supervisor(s) to supervisee(s) should be such that effective supervision activity is enabled and protected. A ratio of one supervisor to 10 supervisees is advocated.

Frequency of Supervision

Registrants should receive a minimum of two formalised supervision sessions per year. However, other activities engaged in throughout the year may impact on the process of supervision. Registrants should reflect on their own practices as they engage in ongoing learning and development activities in their work environment. This experience should be used to inform their supervision sessions.

Registrants can access guidance on reflection and keeping a portfolio with corresponding templates at www.nipedf.org, which can assist with this process.

Preparation for Supervision

In order to benefit from supervision, registrants should prepare appropriately. This will include a review of any actions agreed at the previous session. A supervision preparation template can be found in Appendix B to help structure this process.

Documenting

Each formalised supervision session must have a written record signed by both supervisor and supervisee(s). Further guidelines relevant to documentation can be found in Section 7 of this document and the template for documenting sessions can be found in Appendix C.

Issues of Concern

Where an issue of unsafe, unethical or illegal practice is identified; it should be dealt with supportively via the appropriate procedures. All parties must be informed of the intention to disclose, before revealing confidential information.

Storage of Records

The WHSCT policy on Records Management (2013) should be followed. Each registrant, however, should be mindful of his/her professional accountability with regard to the principle of confidentiality of information. Registrants should, therefore, take responsibility for making sure that the system used is managed in such a way that it is appropriately protected to ensure the security of confidential information.

Use of Patient Records

If it is necessary, patient/client records may be used for the purposes of supervision activity. Where this happens, principles of access and confidentiality apply, namely:

- Patients'/clients' health records should only be accessed where necessary;
- The patient/client reserves the right to refuse access to, or limit the information from, his/her records; this should be respected;



- The Trusts Records Management Policy (2013) and Data Protection and Confidentiality Policy (2013) should be adhered to at all times.

8.0 MONITORING AND EVALUATION

Monitoring and evaluation of supervision activity are essential to ensure that resources required for professional supervision within the Trust can be justified. It is also necessary to monitor the benefit to individual registrants, since the quality of supervision activities can influence effectiveness.

At an organizational level, monitoring will take place through governance reports or accountability reviews. The quantity and quality of supervision activity may be included in our performance indicators for the nursing workforce.

Individual supervisors must record monthly the number of times staff have engaged in supervision and make these returns available to line managers for collation. This information will, in turn, be collated by the Lead nurses (responsible for supervision of registrants within the organisation) and communicated to the Assistant Director for Governance and Performance at Trust Nurses and Midwifery Governance (TNMG) meetings. Copies of the monthly departmental form can be found in Appendix D.

The Trust may seek qualitative information periodically from individual registrants to assist in the ongoing evaluation of supervision processes.

This policy will be audited every two years and appropriate changes made where necessary.

9.0 DOCUMENTATION AND RECORDING

Participation in clinical supervision provides an ideal opportunity for the registrant to write a reflective practice piece on the learning from the supervision session. It is acknowledged that everything that is said at supervision (especially in a group supervision session) may not be appropriate to record in a reflection to protect confidentiality. However, the key learning for an individual could be captured on the template at appendix E which will contribute to the development of the portfolio required by the NMC to successfully revalidate.

Guidance specific to documentation is available within the 'Common Questions and Answers' Leaflet (Appendix F).

10.0 ROLES AND RESPONSIBILITIES

Within the Trust, there are key individuals with responsibility for ensuring supervision in nursing is implemented.

They are:

- Executive Director of Nursing;
- Assistant Director Nursing – Governance and Performance;
- Operational Assistant Directors;

- Lead Nurses.
- Ward sisters/Charge Nurses and Team leaders

Note: Lead Nurses will be responsible for the monitoring and evaluation of supervision within their Directorate and for the collation of the reports for the Assistant Director of Nursing.

Chief Executive

The Chief Executive of WHSCT accepts responsibility and accountability for quality service provision at Trust Board level which includes systems, such as supervision in nursing, which support clinical and social care governance.

Executive Director of Nursing

The Executive Director of Nursing is accountable to the Chief Executive for the implementation and maintenance of supervision in nursing. The Executive Director of Nursing presents the Trust report to both the Trust Board and the Chief Nursing Officer for Northern Ireland on an annual basis. In addition, he/she may act as a supervisor for Assistant Directors and other senior professional roles when appropriate.

Assistant Director

The Assistant Director of Nursing – Governance and Performance has responsibility to co-ordinate, facilitate, evaluate and maintain a system of supervision in the nursing workforce. In addition, he/she may act as a supervisor for lead nurses, specialist nurses and other members of the senior professional team within the Trust. The Assistant Director of Nursing is accountable to the Executive Director of Nursing, presenting information relevant to the compliance with clinical supervision in governance reports or accountability reviews.

Operational Assistant Directors

Operational Assistant Directors must ensure appropriate resources are in place to enable nurses to undertake the formalised sessions of supervision annually.

Lead Nurses

Lead Nurses have a responsibility to promote, co-ordinate and facilitate implementation and maintenance of supervision for nurses within their individual directorates. They are accountable to the Operational Assistant Director relative to their directorate. In addition, they can act as supervisors for ward managers and team leaders within their own directorate.

The implementation, maintenance and recording of supervision both in terms of the quantity and quality of the process is seen as a key performance indicator for all the lead nurses.

Ward Managers/Team Leaders

Ward Managers/Team Leaders have a responsibility to role model and facilitate implementation and maintenance of supervision for nurses within their staff teams. They are accountable to the Lead Nurse and must submit quarterly Sessional Collation returns received from supervisors within their team. They can act as supervisors for other members of staff, either within or outside their own team.

Supervisors

Supervisors have a responsibility to maintain and develop their own skills and competencies relative to supervision activity, contributing to the models of learning and to the approaches used. They must seek and undertake supervision themselves, maintaining records for both personal supervision and professional supervision of others. They must provide the required number of formal sessions of supervision annually for each supervisee, whether group or individual. They must adhere to ground rules identified in agreed contracts and conduct supervision sessions within the principles and process identified in this policy. They are accountable to their line managers for this activity.

Supervisees

Supervisees have a responsibility to engage fully in the supervision process, adhering to ground rules identified in agreed contracts. They have a responsibility to prepare for, and participate in, the required number of formal supervision sessions a year, keeping accurate records of relevant actions. Activities undertaken between sessions should be used to inform formal supervision sessions. They are accountable to their line manager to engage in a minimum of two formal supervision sessions per year.

11.0 REFERENCES

1. Lewis, RJ, Cole, D, Williamson, A (2003). Review of Health and Social Services in the case of David and Samuel Briggs. Belfast, DHSSPS.
2. Regional Quality Improvement Authority (2005). Review of the lessons arising from the death of the Late Janine Murtagh, Belfast, RQIA.
3. McCleery Inquiry Panel (2006). Executive summary and recommendations from the report of the Inquiry Panel (McCleery) to the Eastern Health and Social Services Board. Belfast, DHSSPS.
4. Department of Health, Social Services and Public Safety (2006). The Quality Standards for Health and Social Care. Belfast, DHSSPS.
5. Hyrkäs, K., Appelqvist-Schmidlechner, K. and Haataja, R. (2006). Efficacy of clinical supervision: Influence on job satisfaction, burnout and quality of care. *Journal of Advanced Nursing*. 55(4), 521- 535.



6. Northern Ireland Practice and Education Council (2007) The Review of Clinical Supervision for Nursing in the HPSS 2006 on Behalf of the DHSSPS. Belfast, NIPEC.

12.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this guidance should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this guidance is:

No Impact.

13.0 APPENDICES

Appendix A: Template Contract for Supervision Sessions

AS SUPERVISOR I TAKE RESPONSIBILITY FOR:

- Following the focus identified by the supervisee(s)
- Exploring the supervisee's expectations appropriately using my knowledge, skills and experience
- Allowing the supervisee to express his/her individuality
- Giving clear constructive feedback
- Facilitating reflective practice
- Evaluating the perceived benefit of the session to the supervisee(s)
- Completing a Sessional Collation form

AS SUPERVISEE I TAKE RESONSIBILITY FOR:

- Engaging in learning and development activities between agreed annual sessions that will inform supervision sessions
- Recording and reflecting on significant activities using a portfolio approach
- Preparing for the sessions
- Bringing appropriate issues to sessions and discussing them openly
- Being open to constructive feedback
- Evaluating the perceived benefit of the session

DURING EACH SESSION WE WILL:

- Maintain mutual respect
- Have an attitude of open learning
- Maintain strict confidentiality
- Deal appropriately with areas of disagreement according to the ground rules
- Ensure that unsafe, unethical or illegal practice, if identified, is dealt with supportively via appropriate procedures. All parties must be informed of the intention to disclose, before revealing confidential information.

AT THE END OF EACH SESSION WE WILL:

- Agree a suitable time and venue for the next session
- Maintain and store records in line with policy

IN ADDITION, IN A GROUP SESSION WE WILL:

- Agree to share within a group setting
- Be sensitive to the needs of individuals and the overall dynamics within the group
- Maintain strict confidentiality by not disclosing or discussing information provided by any other members of the group
- Be supportive of other members of the group
- Listen to other members of the group when they are speaking and allow them to finish before beginning to speak ourselves

Appendix B: Template Supervisee Preparation Sheet

AGREEMENT

In addition I have:

- read all relative policies and guidelines
- participated in required training
- read the documentation guidelines

<p><u>SIGNATURE OF SUPERVISOR</u></p> <p>DATE: _____</p>	<p><u>SIGNATURE OF SUPERVISEE OR GROUP SUPERVISEES</u></p> <p>1.</p>
	<p>2.</p>
	<p>3.</p>
	<p>4.</p>
	<p>5.</p>
	<p>6.</p>
<p>FREQUENCY OF SESSIONS</p>	
<p>VENUE</p>	
<p>OTHER AGREED GROUND RULES</p> 	



Preparation Sheet for Supervision		
Name:	Date:	Session no.:
Agreed actions from previous session	Progress	
Reflection on Learning from Previous Session		
Issues to be brought forward and discussed at next meeting		



Appendix C: Template Supervision Record Sheet

INDIVIDUALS PRESENT
SUPERVISEE
PRINT
NAME:
SIGNA
SUPERVISOR
PRINT
NAME
SIGNA
REVIEW OF ANY ACTION AGREED FROM PREVIOUS SESSION
TOPIC for DISCUSSION
KEY POINTS & LEARNING from DISCUSSION

AGREED ACTION PLAN FOR SUPERVISEE		
ACTIONS		TIMESCALE
AGREED ACTION PLAN FOR SUPERVISOR (IF APPLICABLE)		
ACTIONS		TIMESCALE
If a significant issue requires onward reporting, record below outline of issues to be raised in onward report, to whom and when it will be		
ISSUE	REPORT TO	TIMESCALE
ISSUES OF DISAGREEMENT		
DATE AND TIME OF NEXT SESSION		
DATE		TIME
SESSION EVALUATION		

Appendix D: Supervision Stats

Nursing Registrants who have received Individual and/or Group Supervision

Directorate Division													Year
Names of Staff	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Annual Total No of Sessions Received
Every Nursing Registrant should have received a minimum of 2 Supervision Sessions per year													



Appendix E: Reflective Writing

4. Reflective Accounts Record Log:

You are required to record a minimum of five written reflections on the Code, your CPD and practice-related feedback, as outlined in 'How to revalidate with the NMC'. Please fill in a page for each of your reflections, ensuring you do not include any information that might identify a specific patient or service user. You must also discuss these reflections as part of a professional development discussion (PDD) with another NMC registrant and may be required to upload a signed PDD form.

Reflective Account 1:

What was the nature of the CPD activity/ practice-related feedback?

What did you learn from the CPD activity and/or feedback?

How did you change or improve your work as a result?

How is this relevant to the Code?

Select a theme: Prioritise people - Practice effectively - Preserve safety - Promote professionalism and trust

Appendix F: Common Questions & Answers Leaflet

Introduction

In July 2007, the Chief Nursing Officer (CNO) published two regional standards for supervision of nurses. Trust performance on the delivery of supervision for all registrants will be formally measured annually by the CNO through Executive Directors of Nursing, beginning in April 2009. The provision of supervision has been identified through various national and regional enquiries as a key component in the delivery of safe and effective care and the development of our nursing workforce.

Q: What is Supervision?

A: Supervision is defined as a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety (NIPEC 2007⁵).

Q: How will Supervision help me?

A: Supervision will help you as you reflect on your practice.

This process will in turn help you to:

- o increase knowledge & skills
- o *improve standards of patient/client care*
- o *identify solutions to problems*
- o *increase understanding of professional issues*
- o *enhance accountability and responsibility for your own practice....*

...all of which should help you to sustain your continuous development.

Q: How is supervision carried out?

A: Supervision is undertaken through a structured, practice-focused professional relationship, which involves reflecting on practice through facilitation by a skilled supervisor. A supportive learning environment is established where ground rules are agreed on what is involved. A Contract of

Commitment is drawn up that clearly defines roles and responsibilities.

This includes:

- o purpose: practice focused issues
- o parameters of confidentiality
- o commitment to frequency of sessions

In addition, as a supervisee you will record the outcomes of each supervision session such as:

- o an action plan that records opportunities for new learning
- o changes to practice

Q: What issues are explored and who decides on the topic?

A: The topic will focus on a practice experience that is significant to you the supervisee. The intention is to allow you time to reflect how you managed in a range of different and perhaps difficult situations; to consider alternative approaches, which could have improved your experience and or, for example, the outcome of clinical care - whatever is appropriate to the topic chosen.

Q: Is my Supervisor trained to help me reflect?

A: An individual will not be able to act as a supervisor until they have undertaken the necessary training. Potential supervisors will be identified either through nomination by a line manager or by a process of self-nomination. Supervisors will then consider their skills and knowledge against a self-assessment tool devised from the competencies required for supervisors. Any training they may require will be provided through In-service education or through flexible learning approaches agreed with their sign off supervisor.

New supervisors must be signed off as competent in the range of skills necessary to ensure effective supervision processes before undertaking supervision on their own.

Q: Is there any training I have to do?

A: Yes. As a supervisee there are knowledge and skills required to undertake supervision effectively. This is to ensure your supervision sessions are of benefit to you. In-service education departments intend to offer short,

"Preparation for Supervision" sessions that will increase your understanding of:

- o purpose, structure and process of supervision
- o structured critical reflection
- o responsibilities and expectations
- o evaluating its impact upon yourself and patient care

Preparation for supervision will be available through In-service education from June 2008 onwards. Please check the In-service Directory for details.

You may find, however, that you already meet the competencies required to be a supervisee and require little if any further training.

Q: How long does a session last and how often will it happen?

A: A supervision session will probably last approximately 1 hour and, in the first year, will be offered twice a year. This is the minimum standard required from the Trust policy; however frequency may increase incrementally year-on-year. A registrant who wishes to have more frequent sessions should negotiate this with their supervisor in the first instance.

Q: Is there a difference in supervision and performance management?

A: Yes. The ethos of supervision is on creating a reflective, positive-learning culture wherein the supervisee can reflect on a practice experience of their choosing. Performance management relates to your line manager measuring your performance against agreed objectives.

Q: Is there a link between performance management processes and supervision?

A: Yes. While both systems are different in approach, it is possible that one of your supervision outcomes may be the identification of a training need that will influence your personal training and development requirements. If this is the case, then it is appropriate that you should then discuss the identified training need with your line manager – not the details of the supervision session. The Trust is advocating that your line manager, when undertaking your performance

⁵ Northern Ireland Practice and Education Council (2007) The Review of Clinical Supervision for Nursing in the HPSS 2006 on Behalf of the DHSSPS. Belfast, NIPEC.

management interview, will ask if supervision has identified any personal learning needs.

Q: How is the session recorded and who keeps the record?

A: During the course of any formal supervision, written notes should be taken to help guide future sessions and to reflect on learning and development achieved through the supervision process. Written notes should be taken by both the supervisor and the supervisee.

Q: What should the supervisor record?

A: Every supervisor has the responsibility of taking brief notes for each session, recording key points from the discussion. They should also complete a Sessional Record template (Trust Policy), which logs information on the number and frequency of sessions. A copy of this recording sheet should be returned to their line manager on a quarterly basis. The supervisor has a responsibility to ensure all relevant records are kept secure and confidential.

Q: What should the supervisee record?

A: Each supervisee has a responsibility to keep accurate notes of their supervision sessions, whether individual or group, using the documentation template (Trust Policy). These notes should remain confidential particularly within the situation of a group session. The supervisor and supervisee should sign written notes at the close of each session, having discussed any areas of disagreement or issues of concern. These records may be kept as a part of your portfolio, either in hard copy or electronically. You may find it beneficial to use the NIPEC development portfolio, www.nipecdf.org to support your record keeping.

Q: What should be recorded in written notes?

A: The documentation template gives a framework for recording written notes. Written notes should reflect the purpose of supervision; focussing on the key topics discussed and recording any ongoing actions or learning and development. It is important that any patient/client information should be protected to comply with data protection requirements and relevant Trust protocols. Within the process of supervision it is possible that issues which compromise safe practice or the NMC Code may emerge. You should be aware that documents relevant to discussion around issues of concern may need to be shared.

All relevant written records are confidential - except when agreed by both/all parties to share with appropriate others.

All written records should be underpinned by the principles within the NMC Record keeping Guidance¹⁰ (July 2007).

Q: Is formal Supervision the only way to reflect and evaluate?

A: No. There are many informal day-to-day activities that you undertake that adopt similar principles to supervision. For example, a review and discussion about a patient' or /client's care and treatment uses the principles of reflection

The activity of clinical supervision is a process between two people or a group of people and it may not always be appropriate to record everything on a reflective journal for wider reading. However, the key points of the learning can be captured on the template at appendix E will contribute to the development of a revalidation portfolio.

If you wish to have further clarification on any of the information provided or have a further discussion, please contact:

¹⁰ <http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=3170>

Preparation for Supervision for Nurses

Common Questions and Answers

October 2015



14.0 SIGNATORIES

Name
Title

Date: _____

Name
Title

Date: _____