



Clinical Education
Centre

for Nurses, Midwives and Allied Health
Professionals

Reflective Supervision Policy and Procedures for Nursing & Midwifery Education Consultants



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Title:	Reflective Supervision Policy and Procedure for Nursing & Midwifery Education Consultants		
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POLICY SUMMARY

The HSC Clinical Education Centre (HSC, CEC) supports the provision of Reflective Supervision by providing each Nursing and Midwifery Council (NMC) registrant an opportunity to reflect on their knowledge and skills, understand their strengths and identify areas to improve practice. Effective implementation of Reflective Supervision for all Nursing and Midwifery Council (NMC) registered Nurses and Midwives can provide the practitioner with; support in their practice, the acquisition of new knowledge, skills and abilities; and promote staff wellbeing and positive relationships.

Reflective Supervision is defined as a participative process of supported reflection that enables individual Nurses and Midwives to develop personally and professionally to improve the quality, safety and person-centredness of their practice (1).

This policy will outline the processes in place at HSC CEC to enable each NMC registrant (supervisee) the opportunity to reflect on and discuss their practice at least twice per year with another experienced practitioner (supervisor). The supervision process may take place on an individual or group basis and this time is planned, protected and uninterrupted. Reflective Supervision should not be confused with performance management or with the client focussed elements of safeguarding supervision - which are both grounded in meeting the explicit needs of others, i.e. organisational needs or client-based needs rather as a participative process of supported reflection that enables individual Nurses and Midwives to improve the quality, safety and person-centredness of their practice (1).

Supervision should have three core components (1) which align with the Proctor Model (2): Each one of the three elements has a separate purpose and registrants can choose the one that best meets their needs for their Reflective Supervision session (Appendix 1) examples in practice and highlights the core components of supervision.

- **EFFECTIVENESS (NORMATIVE)** - supporting individuals to develop ability and effectiveness in their clinical role to uphold professional standards supporting reflection on practice
- **LEARNING (FORMATIVE)** - enables participants to develop their skills, knowledge, attitude and understanding fostering insight through guided reflection.
- **SUPPORT (RESTORATIVE)** focuses on health and wellbeing and how participants respond emotionally to job demands; fosters resilience through nurturing supportive relationships that support and encouragement in times of stress

BACKGROUND AND STRATEGIC CONTEXT

All Nurses and Midwives have a vital part to play in achieving the transformation agenda set out in our local policy *Health and Wellbeing 2026: Delivering Together* (3). The Nursing and Midwifery Task Group report (4) provides a roadmap to help secure this agenda and enhance Nursing and Midwifery roles across a wide spectrum of sectors, services, settings and areas of practice.

Revalidation (NMC) encourages a culture of sharing, reflection and improvement and highlights the benefits for Registered Nurses and Registered Midwives (5). NMC Future Nurse standards of proficiency for registered nurses (2018) supports contribution to supervision and team reflection activities to promote improvements in practice and services (6).

The Framework to support Nursing and Midwifery Practice in Northern Ireland facilitated by the Northern Ireland Practice and Education Council (NIPEC) identifies the necessary organisational systems and processes required to support NMC registrants in Northern Ireland with access to Reflective Supervision.

The Reflective Supervision Model promotes an approach which is **supervisee led** and provides the individual with the opportunity to discuss a topic of their choosing; one which is significant to them. The supervisor utilises a range of skills in order to facilitate the discussions with the supervisee. The six key skills necessary for Supervisors to facilitate effective Reflective Supervision are drawn from those employed in Restorative Resilience model by Dr Sonya Wallbank. These skills are designed to support professionals working within roles where there is significant emotional demand (7). They include:

- Emotional containment
- Reflective practice
- Stress inoculation
- Resilience training
- Action learning
- Foundation coaching

Reflective Supervision is part of the continuum of lifelong learning and professional development experience for nurses and midwives commencing with practice supervision for student nurses and midwives moving on to Preceptorship in the early stages of registered practice and when employed as a registered Nurse or Midwife can access Reflective Supervision supporting lifelong learning throughout their career.

Four standards from NIPEC Reflective Supervision Framework for NI (1) have been developed to support the implementation of reflective supervision. They outline and clarify the responsibilities of employing organisations, Supervisees and Supervisors

STANDARD 1 – SUPERVISORS

- Supervisors of nurses and midwives must be an NMC registrant nurse or registered midwife
- A Supervisor should have a minimum of three years' experience as a Registrant Nurse or a Registrant Midwife.
- Supervisors must have undertaken a Supervisor Preparation Programme and understanding of Reflective Supervision. The supervisor will be on a list of supervisors for the organisation.
- Supervisor should have knowledge and skill specific to the composition of the supervisee role. For example, where the purpose of the Reflective Supervision session is related to a specialised area of clinical practice then the Supervisor would require a certain level of knowledge in relation to this area. However, if the Supervisee wished to use the supervision session to reflect on feedback from a person receiving care or a recent activity of learning, then the Supervisor could be chosen from a wider area of practice.
- **Each Supervisor should only keep a record of the number of sessions they undertake annually for each Supervisee**, with the exception of any records relating to an issue of concern for escalation, raised during a supervision session. Supervisors must seek their own Reflective Supervision sessions.
- A Supervisor must be available to provide at least two formal sessions of Reflective Supervision annually for each Supervisee. The sessions may be provided as a one-to-one or group format.
- A Supervisor should only provide a maximum of sixteen Reflective Supervision sessions annually.

STANDARD 2 - SUPERVISEE

- Supervisees are NMC Registered Nurses or Registered Midwives. They should participate in two formal Reflective Supervision sessions a year, **keeping personal reflective accounts including relevant actions.**
- Supervisees should choose an appropriate Supervisor from the organisation's list and agree this with their line manager. This can be found the shared folder here....
- Supervisees will need to prepare for each supervision session. As a guideline this preparation time should be between 30 and 60 minutes, prior to each Reflective Supervision session.
- Supervisees should actively identify a focus for the meeting and be open to constructive feedback.
- Supervisees should evaluate the perceived benefit of the session to their personal and professional life, reflecting on the opportunity to impact on safety, quality, experience of those they care for or staff experience. This can help registrants meet NMC requirements for revalidation.
- Supervisees can contribute to their appraisal and Personal Development Plan process through identification of learning and development needs in partnership with their Supervisor.
- Each Supervisee should consider a range of factors that might trigger the need for the review of frequency and type of Reflective Supervision: They might include:
 - Risks that could compromise the quality of services.
 - Risks that could compromise the experience of the person being cared for.
 - Risk of negative impact to the staff experience.

- Reported personal stress.

STANDARD 3 - SUPERVISION SESSIONS

- Supervision sessions can be delivered via a range of formats, for example face-to-face sessions in person or using video-conferencing on a one-to-one basis. Alternatively, a Supervisor may provide Reflective Supervision for a number of people.
- As a guide, a one-to-one session should typically last up to one hour. This time should be ring fenced and where possible Reflective Supervision should be carried out in an environment which is free from disturbance. Group sessions should typically last up to two hours. Sessions can be extended at the discretion of the Supervisor as required.

Each Supervisor must agree ground rules, see Appendix 2, with the Supervisee and undertake the following responsibilities in each session:

- Protect the allocated time and maintain an environment conducive to supervision.
- Appropriate exploration of the Supervisee's expectations.
- Follow the focus identified by the Supervisee(s) and allow the Supervisee(s) to express their individuality.
 - Provide clear constructive feedback.
 - Evaluate the perceived benefit of the Reflective Supervision session including identification of agreed action plans.
 - Manage areas of conflict, including onward action.
- Nurses and Midwives work in challenging environments and in circumstances that might, on occasion, require an increased level of support for practitioners. This may increase the number of supervised sessions they require

STANDARD 4 - GOVERNANCE STRUCTURE

- Each organisation should have a structure to support organisational accountability for the implementation of supervision for Nurses and Midwives they employ. The Responsible Officer will be the Executive Director of Nursing or the Senior Nurse or Senior Midwife in the organisation. The structure should align with existing governance and escalation processes to include raising and escalating concerns.
- An annual report of assurance regarding the provision of Reflective Supervision for Nurses and Midwives employed, should be provided to the Chief Nursing Officer by the Executive Director of Nursing or organisation's Lead Nurse or Lead Midwife.
- Each organisation should have a Supervision Policy and Procedure aligned to the Reflective Supervision Framework which will include ownership of supervision records, the opportunity for use of different types of supervision.
- The organisation should retain a register of appropriately prepared and updated Supervisors. There should be a support network for Supervisors within the organisation. Where the organisation is not large enough Supervisors should be facilitated to join a local network. A network chair – member of the teaching staff will be appointed who will be responsible for hosting meetings, local learning events and disseminating relevant information and guidance to Supervisors.

AIM AND SCOPE OF THE POLICY

The aim of this policy is to identify the processes and implement the standards for Reflective Supervision required to support NMC registrants to access reflective supervision at HSCCEC

This policy identifies reflective supervision within the HSCCEC as a key organisational objective and enable the annual provision of assurance of the implementation of this policy to the Chief Nursing Officer NI (CNO).

It is noted that the model of safeguarding supervision which is primarily about maintaining the safety of the child or adult at risk of harm, is different to the model of

Reflective Supervision presented in this policy. NEC/MEC should refer to other CEC policies such as the Raising and Acting on Concerns CEC policy and NMC code of conduct.

PROCESS OF SUPERVISION:

- Group Reflective Supervision session dates can be accessed in the shared folder for Staff Supervision in each CEC base site. These will be available to book in advance on a yearly basis from January – December.
- Staff can book group or individual Reflective Supervision by contacting the Supervisor for allocated dates - the minimum supervision is twice per year.
- The majority of group Reflective Supervision sessions can be accessed following team meetings. Alternative dates can be offered for individual sessions or group sessions by contacting the Supervisors relevant to the issue or base site.
- Each Supervisor will be required to populate a pen profile, found in the Reflective Supervision folder that will enable staff to review and request supervision in an area of clinical expertise if that is required.
- Where one to one meeting or group supervision is taking place both parties should agree group and individual boundaries of each session (See Appendix 2 Ground Rules for Reflective Supervision Sessions)
- **Supervisee's** should record the number and type of supervision sessions they have had and provide operational managers with assurance with dates of supervision and that they have met the minimum of two supervision sessions as part of their accountability meetings.
- Supervisors will organise and provide peer supervision sessions
- New supervisors will complete CEC programmes online and face to face.
- New supervisors will be required to provide evidence of competence using the NIPEC Supervision assessment tool. This will be signed off by one of the supervisors on the CEC supervision register.
- New supervisors should maintain their evidence and portfolio of competence
- Following completion of the portfolio they will be added to CEC Reflective supervision register.

Raising and Escalating Concerns

A positive working environment is vital to support the professionalism and leadership of Nurses and Midwives. This includes being able to raise concerns if issues arise that could compromise the safety, quality and experience of people receiving care.

During a supervision session, a Supervisee may divulge an issue of concern in relation to practice. If so, the issue identified should be dealt with supportively guided by relevant policies and professional guidance in place i.e. CEC Acting on Concerns Policy. The Supervisors must inform the line manager if it has been identified that the Supervisee's practice has fallen below the expected standard, identifying how short the practice was for the expected standard and the level required in line with NMC code (8). The Supervisee should be kept informed at each stage of review.

Documentation for Reflective Supervision

Good record keeping is fundamental to high quality nursing and midwifery practice and is essential for the provision of safe and effective, person centred, family centred care. Supervisors and Supervisees must ensure they maintain adequate records and adhere to the principles of confidentiality for storage

- A register of CEC Supervisors can be found in the supervision folder. All supervisors must ensure that this is kept up to date.
- Supervisors and Supervisee must ensure they maintain adequate records of the supervision session adhering to the principles of confidentiality for storage. (Appendix 3 & 4)

- **Supervisors will be required to keep only a record of the number of sessions they provide annually for each supervisee, with the exception of any records required relating to issues of concern for escalation.**

- The NMC guidance (5) on reflection for revalidation advised the following:

“In meeting the revalidation requirements and keeping your evidence, you must record any information that might identify an individual, whether that individual is alive or deceased. This means that all information recorded must be recorded in a way that no patient, service user, colleague or other individual can be identified from the information”

Confidentiality

Confidentiality is pivotal to the success of supervision and should be maintained through a trustful relationship, an appropriate choice of environment, and dedicated time. Supervisors and Supervisees should adhere to the responsibilities articulated within the Standards for Reflective Supervision as an acknowledgement of trust and expectations.

In setting up Reflective Supervision, it is important that the boundaries of the supervisory relationship are established, including the agreement of ground rules between the parties to support and protect confidentiality at the start of Reflective Supervision sessions (Appendix 3 Ground Rules). The agreement may be reviewed at any stage at the request of supervisor or supervisee.

APPENDIX 1

EFFECTIVENESS (NORMATIVE)

A newly Registered Nurse or Registered Midwife has received positive feedback from one of their patients in relation to the care they have received during a hospital stay. They wish to reflect on the experience with their Supervisor endeavouring to continue to uphold high values and personal accountability in their practice.

A Midwife Team Leader has received a complaint that there were communication failings during and following delivery of her baby which affected her experience. The team wish to use the Reflective Supervision session to reflect on the care delivered and to identify personal and professional objectives that could change or improve communication processes within their team.

A medication error has resulted in a patient not receiving a critical medication as part of the plan of care. The patient has not come to any harm but this has been reported through the appropriate governance processes and ensuring confidentiality the ward manager has given feedback to the team. A group of staff wish to discuss this event during a group Reflective Supervision session and reflect on ways that they could improve practice and minimise medication error risks in the future.

A Midwife has completed a piece of research in their field of practice which is due for publication in a peer reviewed journal. They wish to reflect on the learning acquired with their Supervisor and how they could use this to develop their career pathway.

LEARNING (FORMATIVE)

A Nurse has attended a leadership programme and they wish to use the Reflective Supervision session to reflect on the skills and knowledge that they have gained and how they may utilise this in practice to work collaboratively with teams and support improvements in practice.

A newly registered staff member has completed a preceptorship programme and they wish to use the Reflective Supervision session to reflect on the skills and knowledge that they have acquired during the process and how these skills can provide the foundation to continue their journey of personal and professional development.

A Team Leader has successfully completed a Quality Improvement initiative and has been nominated for an award for their work. They wish to reflect on the learning gained through this process and identify how they could provide support to colleagues and peers in their Quality Improvement journey.

A Staff Nurse working in a regional Emergency Department is struggling with the emotional demands of the clinical role. They wish to discuss this at their Reflective Supervision session and identify coping strategies to minimise stress and foster resilience in this role.

SUPPORT (RESTORATIVE)

A Midwife attends a delivery where the baby is born with an undiagnosed cardiac defect. They wish to attend Reflective Supervision to reflect on their emotional response to the event and consider ways where they could offer support to parents if a similar situation arises in future.

A registered staff member is experiencing a situation where they perceive a colleague is treating them unfavourably in comparison to other staff. They wish to discuss these concerns with their Supervisor as it is now affecting their job performance and causing a level of personal stress.

A Nurse has been asked by their manager to prepare a presentation for a regional conference. They are content to prepare the work but do not feel confident to deliver the presentation as this would be the first time they have presented to groups outside of the organisation. This is causing them concern and they are experiencing a moderate level of stress. They wish to discuss this in confidence with their Supervisor and identify strategies that could help build their confidence and self-esteem prior to the event.

Appendix 2

GROUND RULES FOR REFLECTIVE SUPERVISION SESSIONS:

Where a one-to-one meeting is taking place between a Supervisor and Supervisee both parties should:

- Have an attitude of open learning.
- Deal appropriately with areas of disagreement positively approaching conflict in an attitude of mutual respect.
- Ensure that practice that could compromise patient safety, quality and experience if identified, is dealt with supportively via appropriate procedures.
- Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
- Ensure that all relevant records are kept securely in an appropriate place.
- Where a group meeting is taking place between a Supervisor and multiple Supervisees all Supervisees all parties should:
 - Agree to share within a group setting. Be sensitive to the needs of individuals and the overall dynamics within the group.
 - Maintain confidentiality by not disclosing or discussing information provided by any other members of a group - they should not be discussed with anyone outside the group e.g. other team members, family or friends.
 - 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.
 - Ensure that unsafe, unethical or illegal practice, if identified, is dealt with supportively via appropriate procedures.
 - Where such an issue arises, ensure all parties are informed of the intention to disclose, before revealing confidential information.
 - Ensure that all relevant records are kept securely in an appropriate place.

Appendix 3

**EXAMPLE PREPARTION FOR SUPERVISION
(TO BE RETAINED BY SUPERVISEE)**

The topic

Why it is significant

What is the worst aspect

What is the best aspect

What I would do in the same way

What I would do differently

What I have learnt

The action I am going to take

**SUPERVISION SUMMARY RECORD
TO BE RETAINED BY SUPERVISEE**

Supervisor	Supervisee
Review of actions/learning points from previous supervision activity if applicable	
Issue(s) discussed at this supervision activity	
Agreed actions to be taken	

REFERENCES

1. Department of Health (2022) Northern Ireland Preceptorship Framework for Nursing and Midwifery. Belfast: DoH.
2. Proctor, B. (2010) Training for the supervision alliance: Attitude, skills and intention. In Routledge handbook of clinical supervision (pp. 51-62). Routledge.
3. Department of Health (2016) Health and Wellbeing 2026: Delivering Together. Belfast: DoH.
4. Department of Health (2020) Nursing and Midwifery Task Group Report. Belfast: DoH.
5. Nursing and Midwifery Council (2019) *Revalidation*. London: NMC.
6. Nursing and Midwifery Council (2018) Future Nurse Standards of proficiency for Registered Nurses. NMC.
7. Wallbank, S. (2016) *The Restorative Resilience Model of Supervision A reader exploring resilience to workplace stress in health and social care professionals*. London: Pavilion Publishing and Media.
8. Nursing and Midwifery Council (2018) *The Code: Professional standards of*

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 policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

- Major impact

- Minor impact

- No impact

SIGNATORIES

_____	Date: _____
Author	
_____	Date: _____