NURSING+
MIDWIFERY

Clinical Supervision Nurse Practitioners

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Western Health

Contents

Executive Summary

A Nurse Practitioner (NP) is a Registered Nurse with the experience, expertise and authority to practice independently in an advanced and extended clinical role, to diagnose and treat people of all ages with a variety of acute or chronic health conditions. NPs have completed additional university study at Master's degree level and are the most senior and independent clinical nurses in our health care system.

The title "Nurse Practitioner" can only be used by a person who has been endorsed by the Nursing and Midwifery Board of Australia.

Nurse Practitioners work as key members of the healthcare team within Western Health and collaborate with other nurses and healthcare professionals including General Practitioners, medical and surgical specialists, physiotherapists, dieticians, occupational therapists, social workers, and many others. They work in a variety of locations, including hospital and community settings.

Western Health recognises that our Nurse Practitioners have the skills, experience and qualifications to provide holistic health care through:

- Diagnosis and treatment of a variety of health-related conditions
- Construction and implementation of therapeutic regimens for patients, carers and families
- Initiating and receiving appropriate referrals from health professionals
- Ordering and interpreting the most appropriate tests to assist in diagnosis and management
- Prescribing appropriate and necessary medications

National standards for practice ensure that Nurse Practitioners are capable of providing high quality, person centred care. They are also capable in clinical research, education and clinical leadership.

The purpose of this document is to provide clear directions on:

- What is clinical coaching and supervision?
- The rationale for participating in mentoring and supervision
- Who must participate?
- Who can provide supervision?
- What model is utilised at Western Health?
- What reflective practice tools exist?

All Nurse Practitioners will be required to participate fully in the supervision program as part of their employment at Western Health.

Coaching

Clinical coaching provides the opportunity for contemporary educational discussions to take place at the point of care, using adult learning and principles of Best Care (Faithfull-Byrne et al, 2017). Coaching may be provided by either individuals or groups within the same or alternate disciplines. The relationship between the Nurse Practitioner and the Medical Practitioner is a particularly important one and is of mutual benefit. At Western Health, clinical coaching for a Nurse Practitioner may be provided through the divisional medical unit structure by a consultant medical practitioner or by an experienced Nurse Practitioner or a combination of both.

To provide the best outcome for the participants it is preferable that the Nurse Practitioner is able to choose their clinical coach(es) from within their area of speciality practice and expertise. It is important that professional interactions with the chosen coach(es) are undertaken in an environment which is not affected by a power imbalance.

Effective clinical coaching can be cost-effective and can support Nurse Practitioners to:

- influence health policy through the observation of colleagues in practice,
- develop both competence and confidence in their practice, and
- enhance their scope of practice within legal and ethical guidelines.

Effectiveness of the coaching is proportional to the encouragement, trust, openness, respect and engagement of those involved in the process.

Clinical Supervision

Clinical supervision is a contemporary method of professional support provision which has a long-standing presence within a variety of healthcare professions (Thoms, 2014; Carroll 2007). The art of effective clinical supervision includes:

- peer review (participating actively in peer practice review),
- coaching (collaborative processes to enhance learning), and
- mentoring (longer-term nurturing of knowledge, behaviours and skills) (Health Education and Training Institute 2013).
- practice development (outcomes gained through professional development translate into improved health outcomes).

Clinical supervision is an important component of practice development and can potentially be the driver of change (Lynch et al, 2008).

At Western Health, clinical supervision is conducted using the Driscoll model of reflective practice (Driscoll 2007), who describes clinical supervision as a process of guided reflection where a supervisor supports and guides the supervisee(s) through the process. Groups will be limited to a maximum of 8 participants, ideally these groups would include a range of Nurse Practitioners with different scopes of practice to enhance learning opportunities. Nurse Practitioners will be able to choose their group, rather than be allocated to a group. This enhances the interaction with group members and the supervisor.

Enabling Clinical Supervision

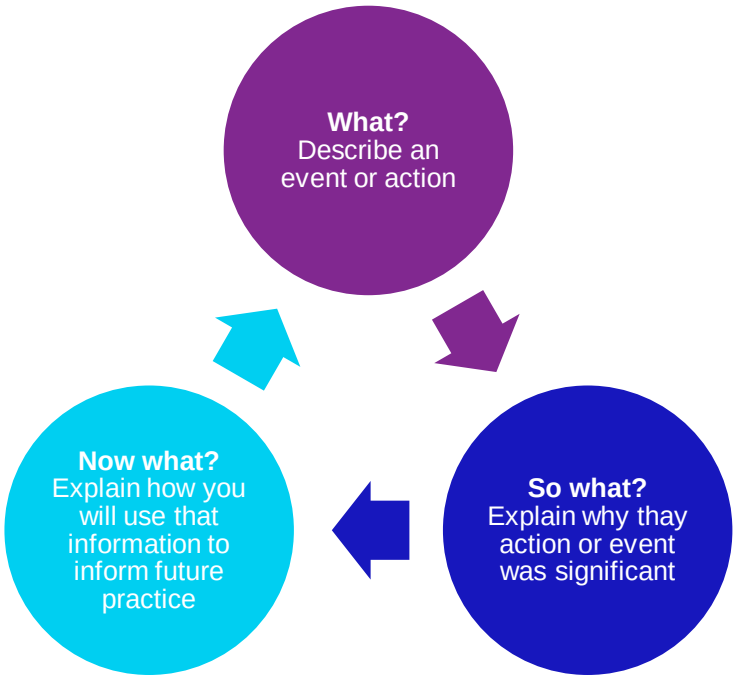
Western Health will release Nurse Practitioners from clinical duties for a minimum of 2 hours every 4 weeks (of ordinary hours) to participate in clinical supervision.

Case Review

All Nurse Practitioners are required to attend their unit mortality and morbidity meetings and participate in the presentation of any patient cases which require review.

Clinical Supervision Model

Driscoll's model comprises three components which each identify the different stages in the process of the reflective cycle.



Driscoll's "What" Model for Reflective Practice (2007)

Supervisee movement through each stage of the model is supported by the use of supervisor-driven trigger questions, examples of which are shown below (Lynch et al 2008).

What?

- Actually happened?
- Did you see/do and what was your reaction to the event?
- Did other people who were involved in this event do?
- Is the purpose on reflecting on this particular event?

So what?

- Did I feel at the time?
- Were my feelings like compared to others?
- Are my feelings now after the event?

Now what?

- Are the implications for me and others in the situation?
- Difference does it make if I choose to do nothing?
- Can I do to modify my practice if this situation arises again?

Following completion of the 'Now what' component, the supervisor and supervisee(s) reflect on the event and the discussion and a plan is formulated to action the new learning. At the next session, the focus will be on the action plan outcomes (Lynch et al, 2008).

The Clinical Supervision Relationship

The effectiveness of clinical supervision correlates with the quality of the relationship between the supervisor and supervisee (Bond & Holland, 2010). It is important to ensure that supervisors have received appropriate theoretical grounding (Lynch et al, 2008) and that the role of the supervisee is also well understood.

Lynch et al (2008) describes some important clinical supervisor characteristics, which include commitment, warmth, engagement, insight, respect and reflection. Additional desired traits include the ability to effectively listen and summarise issues.

To support the supervisee in gaining the maximum benefit from the relationship, the clinical supervisor needs to understand the clinical supervision model and negotiate an agreement based on set boundaries (Bond and Holland, 2010). Both the supervisor and supervisee have rights and responsibilities as outlined below (adapted from Bond and Holland, 2010).

Supervisee rights and responsibilities include:

- Access to a choice of supervisor
- To be treated respectfully as an equal partner in the meeting
- To have confidential, time-protected opportunities for clinical supervision
- To be able to drive their own self-development through identification of issues
- Being accountable for supervisor/supervisee discussions
- Giving feedback, as appropriate, to their supervisor

Supervisor rights and responsibilities include:

- To be treated respectfully as an equal partner in the relationship
- Challenging any behaviours or aspects of the supervisee's practice which are not congruent with organisational values

- The choice of supervisee, as appropriate
- To adequately prepare for confidential supervision sessions and keep attendance records
- Avoiding line management or assessment related aspects of the relationship
- Triaging supervisee issues appropriately

Group Supervision

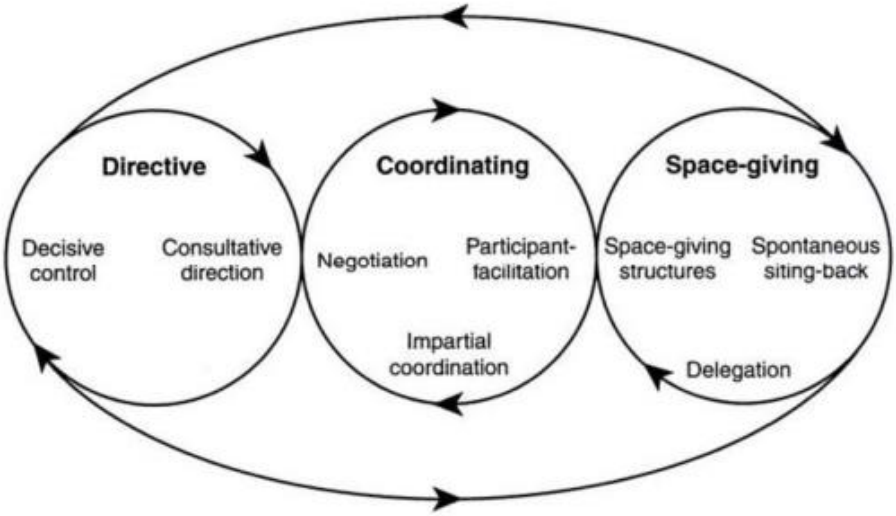
A more advanced form of clinical supervision is group supervision (Bond & Holland, 2010) where three or more committed people meet and learn from the self-reflection of others. Facilitators of group supervision require well developed group facilitation skills in a co-operative setting with joint supervisors. Group supervision members, as well as being skilled supervisors/supervisees, need to also be skilled group participants, displaying key skills such as awareness, acceptance and impulse containment (Bond & Holland, 2010).

In addition to having well developed skills as a supervisee and supervisor, members of group supervision must also be skilled group participants (Bond & Holland, 2010). Effective group participants demonstrate skills of awareness, acceptance and impulse containment.

Bond and Holland (2010) describe three options from an earlier model by Heron (2001):

1. To be directive and take charge of some of the tasks on behalf of the group.
2. To coordinate and manage some of the tasks within the group.
3. To give space and allow the group to manage tasks for themselves.

Facilitators can move from mode to mode from moment to moment (Bond & Holland, 2010, p. 220)



Flowing between the three modes of group supervision (Bond & Holland, 2010)

Models for Reflection

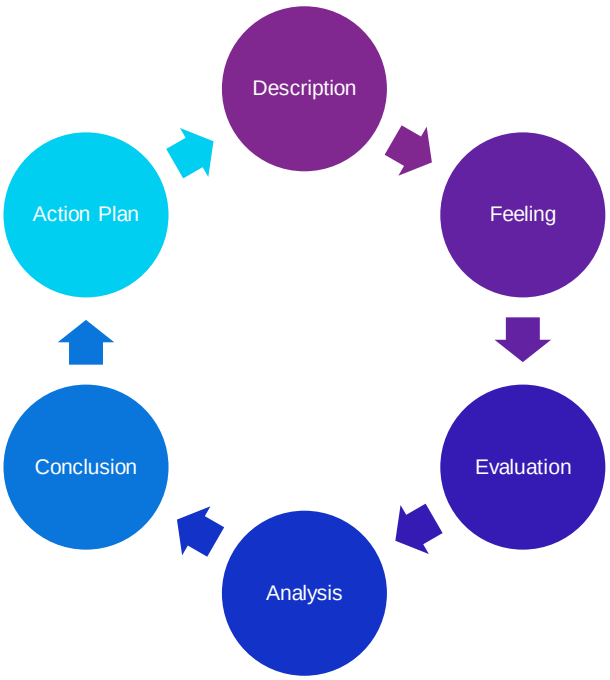
Bond & Holland (2010) describe a number of reflection tools that support the transition from activity to reflection. It may be that one approach resonates more strongly with you. These tools are summarised below – the intuitive and logical approaches are designed to suit different people and are not in any preference order.

Intuitive Models of Reflection

Bond & Holland (2010) believe that more experienced nurses internalise their knowledge and their expertise and that their work is influenced by informed intuition. Intuitive thinking can be useful when issues are unclear in nature, such as in situations involving emotions or interpersonal relationships. Bond & Holland (2010) argue that most clinical supervision issues involve interpersonal communication where intuition would be a more effective basis for reflection.

Logical Frameworks for Reflection

Gibbs' Reflective Cycle was developed by Graham Gibbs in 1988 to give structure to learning from experiences. It has a cyclical nature which fits well with the concept of repeated experiences commonly seen in healthcare. It has 6 stages:



Describe what happened?

- When and where did it happen?
- Who was present?
- What did you and the other people do?

- What was the outcome of the situation?
- Why were you there?
- What did you want to happen?

Feelings

- What were you feeling during the situation?
- What were you feeling before and after the situation?
- What do you think other people were feeling about the situation?
- What do you think other people feel about the situation now?
- What were you thinking during the situation?
- What do you think about the situation now? And thoughts about the experience

Evaluation of the experience, both good and bad

- What was good and bad about the experience?
- What went well?
- What didn't go well?
- What did you and other people contribute to the situation (positively or negatively)?
- Analysis to make sense of the situation
- Why did things go well?
- Why didn't it go well?
- What sense can I make of the situation?
- What knowledge – my own or others (for example academic literature) can help me understand the program?

Conclusion

- Why did things go well?
- Why didn't it go well?
- What sense can I make of the situation?
- What knowledge – my own or others (for example academic literature) can help me understand the situation?
- What you learned and what you could have done differently

Action Plan

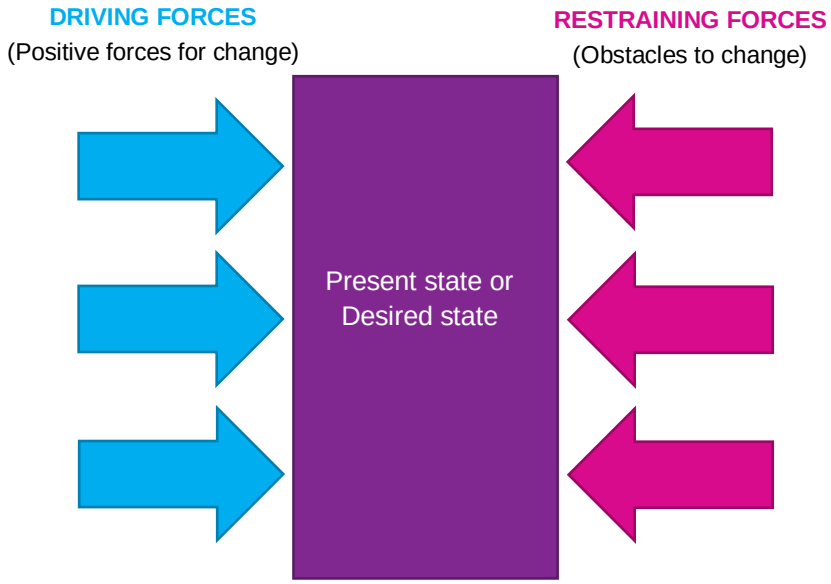
Develop and Action Plan for how you would deal with similar situations in the future, or general changes you might find appropriate.

- If I had to do the same thing again, what would I do differently?
- How will ii develop the required skills I need?
- How can I make sure that I can act differently next time?

Problem Solving Frameworks

An example of a problem-solving framework is the Force Field Analysis (Bond and Holland, 2010). This was created by Lewin in 1948 and is still used today for making business decisions.

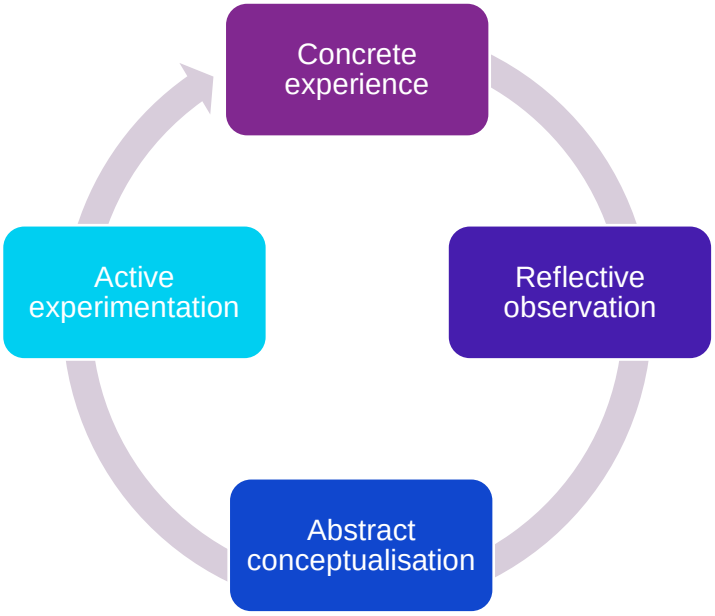
The idea behind Force Field Analysis is that situations are maintained by an equilibrium between forces that drive change and others that resist change, as shown below. For change to happen, the driving forces must be strengthened or the resisting forces weakened.



Force Field Analysis

Experiential Learning Cycles

Experiential learning, or learning from experience, is a common framework in nursing. Bond and Holland (2010) reference early work by Kolb in regard to experiential learning cycles (shown below). The basis for this model is our own experience, which is then reviewed, analysed and evaluated systematically in three stages. Once this process has been undergone completely, the new experiences will form the starting point for another cycle.



Concrete Experience

Situations are consciously and physically experienced, then reflected upon systematically. At this stage you will make a note of the specific situation and just describe what you see, how you feel and what you think.

Reflective Observation

Having written down the description of the experience, it is now time to reflect more deeply on what has happened in that situation. The questions you need to ask yourself are:

- What worked?
- What failed?
- Why did the situation arise?
- Why did others and I behave the way we did?

Abstract Conceptualisation

The guiding question for this stage leads on from the questions in the reflective observation stage:

- What could I have done better or differently?
- How can I improve?

Try to find ways for dealing with the situations and devise strategies for when you experience similar situations in the future. Consult colleagues and evidence-based literature in order to garner further ideas.

Active Experimentation

This stage focuses on practising the newly acquired theoretical knowledge. Translate your reflections on improvements into your practice and try out the new strategies. Some of them will work and others may not, so this is then automatically the basis of the new cycle.

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