

Supervision: One-to-one practical elements

In the previous paper in the series, we identified some of the salient features of clinical and management supervision. We acknowledged how supervision needs to take place in a relationship of trust and that it generally should be a confidential undertaking. We saw how supervision can take place one-to-one or in groups and while it is generally most useful as a recurring event, it might also be used to help teams deal with a traumatic event or other issue, such as a major change.

The previous paper also considered some of the pros and cons of supervision as it applies in the clinical team. We identified how benefits often accrue for the professionals involved and how supervision can positively impact clinical outcomes for patients.

In this paper, we will consider clinical supervision from the perspective that it is undertaken to facilitate the personal and professional growth of a supervisee. We will consider many of the practical elements that arise when undertaking supervision, as well as the essential skills the supervisor needs to make supervision effective.

In subsequent papers in this series, we will consider the process of supervision and look at some of the different ways in which, and some of the different reasons why, supervision might be undertaken in a healthcare or social care setting. We will also consider group supervision and reflect on its purposes and the core skills needed to undertake this effectively.

One-to-one supervision

One-to-one supervision relies on the creation and maintenance of a relationship of trust between the supervisor and the supervisee. One to one supervision is an ongoing narrative that spotlights the professional and personal development of the supervisee. It is, therefore, clear that the supervision needs to be regular and structured since sporadic supervision is not conducive to the development of a meaningful relationship.

The best supervisions are those that are person-centred – that is, when the supervisee experiences supervisions that focus on their development needs (Edgar et al., 2023) and not primarily on the agenda of the supervisor or the organisation. That is not to say that the needs of the organisation are not an important element of the individual development, but rather that within supervision it is the person and their needs who

should be the focus.

Notably the core skill of listening is important for the supervisor as they try to make sense of what the supervisee has identified as important issues for them and the needs they have in terms of their personal and professional. The role of the supervisor is then to channel the discussion so that the supervisee can draw on the supervisor's skills, experience and knowledge to guide their own development.

In this sense, supervision is somewhat akin to guided reflection. In its rawest form, reflection asks three core questions: 'What? So what? Now what?' (Driscoll, 2007). These questions are then used to guide the reflector to contemplate an issue and consider what they felt about the issue and any understandings they came to about the issue. The third stage requires that the person doing the reflection considers what they will do in the future when they encounter similar situations.

Corey et al. (2021, p.19) identify supervision as: "A unique professional relationship between a supervisor, a supervisee and the clients served."

They identify how supervision provides an opportunity for the supervisee to learn self-evaluation and self-supervision by developing problem solving and decision-making skills. Clinical supervision is, therefore, not about thinking for the supervisee, it is about giving them the skills and to reflect for themselves in a meaningful way (Butterworth, 2022).

Practical issues

Many managers and team leaders stop supervising or cancel sessions when they are busy. They regard supervision as an optional extra, something to be done when there is time. Such a view of supervision is a mistake. Staff who do not get supervised, or whose supervision is repeatedly cancelled can feel neglected and like they are not important. This affects things, such as morale and retention (Martin et al., 2021). Therefore, clinical supervision sessions need to be undertaken regularly and when planned – they should not be cancelled to make way for anything less than a true emergency.

Becoming an effective supervisor requires the individual to develop skills and knowledge beyond those usually garnered in pre-registration training. For many nurses and other healthcare professionals, the post-registration mentoring and practice supervisor training courses cover much of what an individual will

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need to supervise both students and other professionals (Attrill et al., 2019).

As well as making the time for supervision, both supervisor and supervisee need to get into the habit of being prepared for the supervision sessions (Butterworth, 2022). For the supervisor this may mean revisiting the notes from the previous supervision while the supervisee needs to make a note of the things they come across in their daily work which they would like to reflect on with their supervisor.

Sessions should be held somewhere private where there is little chance of being disturbed or overheard as for the most part supervision is a confidential undertaking – although most employers recognise that there is a duty on the supervisor to disclose if they discover during supervision that there are activities happening which put patients or other staff at risk (White and Winstanley, 2021).

Practically speaking, there should always be some notes made of the supervision sessions. Notes should form an ongoing narrative of the development of the individual and should be shared between the supervisee and the supervisor as soon after the supervision session as possible. Supervision notes often use a local template that the supervisor should be familiar with.

Skills for supervision

The core skill of a good clinical supervisor is the ability to actively listen to the supervisee. Such active listening skills require the supervisor to gain a deep understanding of what it is the supervisee is trying to say to them and using emotional intelligence in the ways in which they respond (Jonsdottir and Kristinsson, 2020). That is, the supervisor learns to understand the meaning and emotions driving the interaction they are having with the supervisee and thus engage effectively with them in guided reflection.

Lloyd et al. (2015) identified how active listening skills on the part of the supervisor increased the satisfaction of the supervisee with their supervision and increased their overall job satisfaction.

As well as the practical and technical aspects of supervision, supervisors need to be able to talk about issues, such as ethical dilemmas, which arise in clinical practice (Corey et al, 2021). Such issues and ethical questions are regular features within supervision and it is through guided reflection that supervisees learn to reflect meaningfully on them and come to conclusions about how they will manage such situations that arise in their practice.

The supervisor needs also to have the clinical experience and knowledge to be able to guide

the thinking of the supervisee, that is after all the whole purpose of the sessions. This experience enables the supervisor to draw together issues relating to their own experience and their professional and ethical knowledge to aid the development of the supervisee. Supervision is as much about learning the ways of behaving which underpin professional practice, e.g. professional boundaries, confidentiality and codes of professional ethics, as it is about reflecting on professional skills (Dawson et al, 2013).

Perhaps most importantly, the supervisee and supervisor must at least respect each other. While there is a need for challenge within supervision, if the supervisee and supervisor do not like each other, then they will not form the sort of open and honest relationship required to facilitate open and honest discussion.

Conclusion

In this paper, we have considered the nature and purpose of clinical supervision and what it means for the practice of supervision. We have identified how supervision is a form of guided reflection, which is used to enhance an individual's personal and professional development, as well as prepare them to undertake reflection in and on practice for themselves.

We have identified some of the practical issues that affect supervisions and identified, which the supervisor and supervisee need to be prepared to enter into an ongoing dialogue to get the most out of one-to-one supervision sessions. We also identified some of the listening skills a supervisor needs to have in order to be effective in the role.

In the next paper in this series, we will consider the nature of group supervision, what it aims to achieve and some of the practicalities about providing it. ●

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