



Developing the skills of hospice staff to provide clinical supervision

There is a strong national driver from the Care Quality Commission (CQC) and the Nursing and Midwifery Council (NMC) around the provision of clinical supervision (CS). This has long been recognised as vital to supporting palliative care staff with the emotional labour of their work (Goodrich et al., 2015) and helps develop a learning culture which improves patient safety and care (Francis Report, 2013). During the pandemic, where high levels of staff stress (Pastrana et al., 2021) lead to moral injury and burnout, clinical supervision is all the more important.

Our Project

St Richard's Hospice recognised certain groups of staff (a total of 63 people) did not access clinical supervision regularly. For those who did, it was mainly provided externally.

The project, led by the Education Department, set out to use the skills and experience of existing staff to create additional supervisors.

Staff from different disciplines, including therapists, nurses, social workers, and counsellors, attended two days of training led by the Head of Family Support and Consultant Clinical Psychologist.

It included theory, practice, and managing group dynamics. Groups of between two to five members were set up and met their



supervisor every six weeks. To provide on-going peer support, and continual evaluation, supervisors attend a bi-monthly review meeting.

Evaluation and learning

We had to adapt to meeting online due to Covid-19, and also by changing the model for our In-patient Unit – as closed groups did not fit with shift working.

The project created seven new supervisors who deliver supervision to an additional 21 clinical staff in closed groups, plus more than 40 others on a weekly drop-in basis. This has been a remarkable commitment from the new supervisors, particularly given some of the challenges detailed below.

Benefits and challenges faced by supervisors



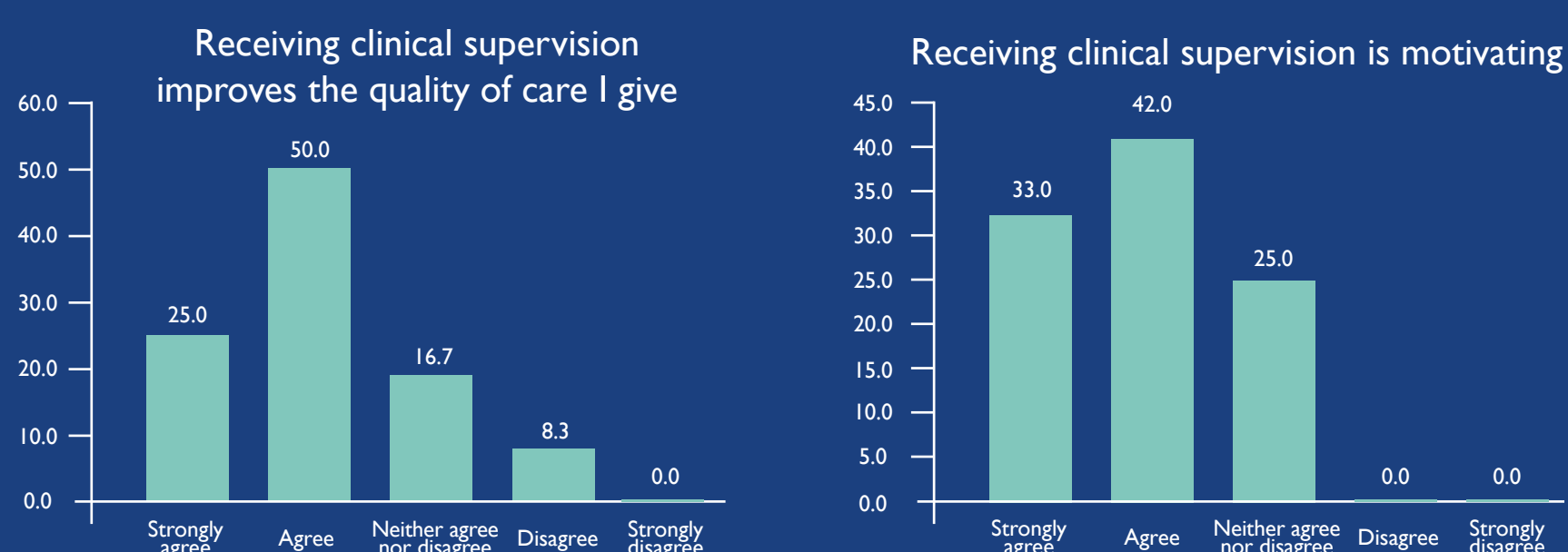
Conclusion

In the future we will train more supervisors, to enable us to offer supervision to our clinical volunteers and non-clinical staff.

References

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- Pastrana T, De Lima L, Pettus K, Ramsey A, Napier G, Wenk R, Radbruch L. The impact of COVID-19 on palliative care workers across the world: A qualitative analysis of responses to open-ended questions. Palliat Support Care. 2021 Apr;19(2):187-192.

Survey evaluation results from supervisees



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