St. Richard's Hospice
CARING FOR LIFE

Clinical Supervision in the Hospice In-Patient Unit

Clinical Supervision (CS) has been defined as: "an exchange between practicing professionals to enable the development of professional skills."[1] Conversely, Hyrkas et al suggest although CS is widely encouraged in nursing literature, studies carried out (to the date of their published work) had failed to evidence how supervision benefits clinical practice.[2] More recent research suggests CS supports practice and helps healthcare practitioners maintain and improve standards, by reflecting and identifying workable strategies for the future.[3] Because of this, CS is central to the process of lifelong learning and the benefits of clinical supervision outweigh the costs.[4]

What did we want to do?

The Nursing and Midwifery Council (NMC) states CS should be available to registered nurses so they can constantly evaluate and improve their care.[5]

St Richard's Hospice committed to embedding CS into the everyday support for staff, and set up group sessions for teams to attend on a regular basis in September 2020.

However, identifying and testing a method suitable for In-patient Unit (IPU) staff has been challenging, especially during the pandemic.

We wanted to offer a meaningful CS resource to all IPU staff, including Staff Nurses, Healthcare Assistants and Administration staff, in line with the support available for other teams.

What were the challenges?

In the hospice IPU setting, CS presents several significant challenges including synchronising availability between clinical staff and CS facilitators.

In addition to being available for urgent and responsive patient care, IPU staff often have to change their shift pattern at short-notice to maintain a safe level of staffing on the unit. This can mean CS sessions are cancelled at short notice.

What happened next?

Initially, the IPU Team were spread across CS groups of staff from various hospice departments, including Fundraising, Finance, and the Therapy Team.

Meetings took place monthly, on a set day, with the hope IPU staff could use 'protected time' to attend. ***This is 'Method One'.***

This method was not practical for IPU staff during the Covid-19 pandemic. Staff were required to fill shifts at short notice, or to be available on the Unit due to the high dependency of patients.

As a result, a more flexible, drop-in style of meeting which could take place virtually – or in-person was adopted. ***This is Method Two.***

The CS facilitator contacts IPU on the day of the session to discuss whether staff will be able to attend and how the meeting will take place. The rolling programme of IPU support is organised by a member of the Education Team.

What tends to happen at a CS session?

The CS facilitator may ask staff to discuss any recent challenges. If nothing is forthcoming, the facilitator might use a hypothetical event for staff to discuss.

This gets the group talking and often recent challenges and events will arise which can be explored.

What were our findings?

Method One was trialled over two to three months and results were measured by attendance rates. Method two was trialled over three months.

Method One Attendance (Q4)
Two staff members attended sessions in the test period for four hours of CS.

Method Two Attendance (Q4)
14 staff members attended over seven hours of CS.

Reflections from IPU staff

Feedback from staff showed a preference for Method Two. Comments suggest staff found more benefit in being able to discuss their work with clinical members of staff.

"Some of our work can be very sad, and I just don't think that members of other teams can really know and understand the situations we find ourselves in. It must be hard for them to relate to us sometimes."

"It's great when we all sit round and have the opportunity to discuss recent events or challenges. Everyone around the Hospice does such a great job but I'm not sure some of them want to hear about the nitty-gritty of our daily work. I get more from our drop-in sessions."

"It was great that the facilitator was from a different team. I think that now she's listened to our thoughts and reflections, she will understand us a bit more and how we're such a special bunch of people."

What have we learned?

It is clear from the results that Method Two is a more efficient way of engaging with staff than Method One. This method works well because sessions are held at a time to fit the IPU schedule.

As we move through Covid-19 and hopefully into a brighter future, we will continue to use CS and evolve our methodology to ensure this support is still of value to the teams.

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