

Clinical supervision

- **What is Clinical Supervision?**
- A formal process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance patient's protection and safety.

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- An intervention that is provided by a senior member of a profession to a junior or junior members of that same profession. The relationship is evaluative, extends over time, and has the simultaneous purposes of **enhancing the professional functioning** of the junior member(s), **monitoring the quality of the professional services** offered to the clients he, she or they see(s) and **serving as a gatekeeper** for those who are entering the profession

THINKING PROCESS FOR C/SUP.

- “A key characteristic of the thinking process which clinical supervision aims to facilitate is to develop an increasing capacity to tolerate ‘feelings born of not knowing what to do’ until something more clinically relevant begins to emerge.”

Supervision and Nursing

- While it is clear that in psychotherapy supervision the focus must be on the client and on the relationship between client and supervisee, in nursing this is not so clear. Nursing operates in a totally different environment where collegial and authority relationships profoundly affect outcomes for the patient

- Nurses are seldom if ever totally responsible for the care of the patient. There are colleagues to whom responsibility is handed over at the end of a shift. There are managers whose responsibilities are wider and whose way of managing may be problematic and there are doctors who are often the final 'responsible clinician' and who in their anxiety may be less than sympathetic to dissent. There are also other members of the team who have their own ways of coping with the challenging environment. If the patient is to receive the best care harmonious relationships between all caregivers are important.

Supervision Outcomes

- Good supervision produces positive outcomes for both the patient and the nurse. For the patient it is likely to produce a relationship which is committed, adequate and in some important sense spontaneous.[\[i\]](#) Such a relationship does not therefore recreate old social atom[\[ii\]](#) behaviours or responses but rather introduces a new response that brings about social atom repair.

- Supervision often produces other benefits for the patient. When the nurse begins to explore other important relationships in and around the patient's life she may become conscious of other interventions which would bring about social and personal change. Such interventions may be with family, friends or other health professionals.

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- Supervision provides the opportunity to become conscious of many things by creating a relationship within which the nurse's "spontaneity and creativity" can emerge as they actively concretise [\[iii\]](#) different relationships and begin to notice through this process something of the complexity of an individual's life.

Supervision and Development

- Supervision primarily aims at the development of the practitioner. This means that the changes which occur through the supervisory process are integrated and therefore become part of the personality structure. Integration of course is a gradual process. It may begin with an insight which leads in that moment of reduced anxiety to a surety.

- **The Supervisor.**
- For any supervisee the choice of supervisor is critical. The supervisee will seek out a supervisor who will respect them, will not judge them and will relate to them with “unconditional positive regard” [\[iv\]](#) This automatically rules out the supervisee’s line manager.

- . This person is unable to discuss the supervisee's professional experiences without judgement since the primary task of line management is to monitor standards of practice. There is an immediate conflict of interest, which is likely to result in a somewhat guarded relationship. At some level significant issues of professional practice will not emerge in a relationship where the supervisee may feel rightly or wrongly that he/she will be judged.

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- **Conclusion**
- Supervision is a concept that has been in the human race for a long time. Each occupational group that engages with it has claimed and re-defined it. Nurses have yet to agree on its final shape. Yet clearly a fundamental understanding of the nature of human encounter and action steps that emerge from this must provide the foundation for any adequate supervisory arrangements.

Functions of supervision

- 1.FORMATIVE: Is about developing the skills, understanding and abilities of the supervisee through an in-depth reflection of the supervisee's work with client.
- 2.NORMATIVE: This highlights the importance of professional and organizational standards and the need for competence and accountability.{quality and standard}

Con... function

- 3. SUPPORTIVE: It is a way of supporting workers who are affected by distress and pain of the patient.

Supervision skills

- 1. PLANNING:
- 2. DIRECTING:
- 3. EVALUATING:

Planning.

- Planning means the allocation of resources in the constraint of time and space to achieve an aim or objective. Planning consist of.
- Seeking all available information.
- Making a workable plan.
- Setting goals and objectives.
- Defining group task.
- Scheduling staff . And organizing the work.

Directing.

- The director directs, does thing and makes decisions for and on behalf of the group. And take responsibility for and make decisions about some of the task.

Evaluating

- Evaluating means finding out the value of something.
- Evaluation consist of ...
 1. checking feasibility of an idea.
 2. testing the consequences of a proposed solution.
 3. judgment of the extent to which certain values are satisfied.

Who should be clinical supervisor.

- Qualified senior staff, with more or equal experience to that of the intended supervisee.
- clinical supervision can contribute to this to this life long need to update, improve and develop and does so by being firmly rooted in the work.

PRINCIPLES OF CLINICAL SUPERVISION.

- 1. Focus its lens clearly on clinical practice. To improve care and standard and professional skills
- 2. It requires personal commitment .
- 3.help practitioners , their work loads, concerns and anxieties.
- 4.attention is paid to boundaries for skills in their application.
- 5. develop clinical expertise and proficiency, and develop self esteem autonomy.

Clinical teaching and learning

A time limited process in which teacher and student create an established partnership within a given environment. Translation of basic theoretical knowledge into practice.

Effective clinical teaching and learning is a major objective in preparing profession nurses for the health care services.

AIM OF CLINICAL TEACHING.

- To reinforce material already learned rather than to introduce new new material..
- The students translate theory into practice, personal and professional skills , attitudes and ,
and behaviors are learned and practiced in patient care.

Five of top ten priorities related to clinical teaching.

- What method of instruction best develops clinical problem solving.
- What is most effective approach to teaching clinical nursing skills.
- What clinical strategies are more conducive to the development of professional qualities.
- What type of clinical performance evaluation strategies are most reliable and valid.
- What factors enhance the transfer of didactic(incline to teaching lecture) learning into clinical practice.

Roles of clinical teacher.

- Counselor.
- Problem solver.
- manager,.
- Assessor.
- Advocate.
- Guide and facilitator.

THE ENVIRONMENT FOR CLINICAL TEACHING AND LEARNING.

- The skills of the clinical teacher during the clinical practice session are critical. Different type of skills will be called for , depending on the level of the students, the demands of the situation and importance and the education philosophy of the teacher.

Con.. Environ..

- Over riding all the considerations the clinical teacher can bring to the task, however, is the environment in which the student, the teacher and client find themselves.

Clinical learning cycle

- Preparation .
- Clinical area.
- Briefing(pre conference)
- Clinical practice
- Debriefing(post conference)
- Follow up evaluation

Clinical learning approaches

- 1. PROBLEM BASED LEARNING: it inquires and organizes the work of the student around the problems. The purpose of clinical teaching in a such program is to assist the students to identify the clients, problem, the knowledge to understand and resolve the problem and the skills they need to provide the patient care.

Con.. Approaches.

- 2.COMPETENCY BASED LEARNING. A clear and precise listing of the components of professional competence is essential as the basis of this programme.
- COMPETENCIES.{ synthesized knowledge, appropriate attitudes and values., skills,
- SKILLS.{Intellectual, interactive , psychomotor.

Con.. approaches

- 3.EXPERIENTIAL learning.; how the student learn from experience. EVERYTHING DEPENDS ON THE QUALITY OF THE EXPERIENCE. THE EXPERIENCE CAN BE TRANSFORMED INTO KNOWLEDGE.

CON... APPROACHES

- **Self-Directed Learning**
- Self-directed learning refers to any teaching strategy which places the student in an active role. As such, it can help nursing students to develop a sense of responsibility for their own education and development, a useful skill for them to develop as caregivers and decision-makers.

CON..APPROACHES

- **Concept Mapping**
- Students who learn well visually may benefit from concept mapping, a strategy that uses complex visual diagrams to represent various interrelated idea's and concepts.

CON... APPROACHES.

- **Case Studies**
- Like problem-based learning, case studies provide students with realistic scenarios and require critical thinking skills. However, a case study provides a fuller description of a clinical situation, usually based on a real-life incident. For example, a case study might present a great deal of information about a specific patient, which nursing students must analyze in order to recommend a certain course of treatment.
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