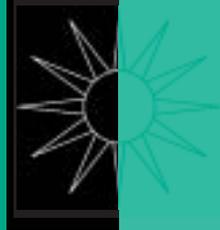


THE COLLEGE OF
RADIOGRAPHERS



RADIOGRAPHY

Clinical Supervision Framework

THE SOCIETY OF
RADIOGRAPHERS





R A D I O G R A P H Y

Clinical Supervision Framework

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Contents

Introduction	5
What is Preceptorship?	6
What is Mentorship?	6
Clinical Supervision	7
Key Principles of Clinical Supervision	7
The SCoR Model of Clinical Supervision	8
Clinical Supervision – Implementation	9
Guidance on the Responsibilities for Supervisors, Supervisees and the Employer	9
Conclusion	10
References and Bibliography	10



Introduction

The purpose of this paper is to take forward for the profession the concept of clinical supervision and provide guidance on its implementation as part of continuing professional development and life-long learning.

Clinical supervision describes a structured process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and the safety of care in complex clinical situations. It focuses upon the reflective learning process enabling the expansion of the scope of practice through self-assessment and development of enhanced analytical and reflective skills.

Many radiographers will be familiar with the notion of clinical supervision as it is already part of their current practice but evidence suggests that this is on an ad-hoc basis as opposed to being formalised. Many other healthcare professions have successfully embedded clinical supervision as a method of developing a deeper understanding of how theory and practice are inter-related. Clinical supervision is a powerful tool for radiographers to share experiences and to learn from those clinical practice experiences, so allowing enhanced practice development.

The term 'clinical supervision' in the past for radiography has been used to describe the relationship with students or sub-ordinates. It is important, therefore, that the use of the term along with its revised description is contextualised in line with current health and social care policy. Clinical supervision is a theme that runs through Government guidance on continuing professional development and in relation to clinical governance.

In order to bring some clarity to related terms and definitions the following glossary may be useful:

- **Appraisal** - quality assessment of an individual's work
- **Clinical supervision** - an exchange between practising professionals to enable the development of professional knowledge and skills
- **Mentorship** - support offered by an experienced professional nurturing and guiding the novice
- **Peer review** - feedback and evaluation on decision processes by a peer or peers
- **Performance review** - regular assessment of an individual's work performance
- **Preceptorship** - period of adaptation into a new role.

Of the above, preceptorship and mentorship are important in the context of clinical supervision and are described in more detail in the following sections.

What is Preceptorship?

The philosophy of preceptorship is to enable the newly qualified radiographer practitioner to consolidate knowledge (educative), to be inducted into the policies and procedures of the workplace (normative) and to reflect on their practice, especially on challenging experiences (restorative). At the end of the preceptorship period registered professionals should feel confident about engaging with regular clinical supervision throughout their careers, and with mentorship from time to time as appropriate. The aim of the preceptorship period is to introduce and promote independence and confirm good clinical practice in a variety of situations and settings.

During the period of preceptorship it is expected that radiographers and assistants will work with their preceptor for a specific period of time during the working week. The period of preceptorship is not time limited but is the subject of a learning agreement that sets out mutually agreed goals in relation to decision making and know how in the context of departmental protocols for clinical imaging/treatment delivery and patient care. Preceptorship will end when preceptor, registered practitioner and manager agree that goals have been attained. This whole process is incorporated into the performance management systems already in place within departments.

Additionally within an individual's career development there will be other discrete points when additional more structured arrangements for 'supervision' may be required, for example when more mature staff undergo role transitions/development they may also require more support in the form of a period of preceptorship, where as between these career-change times the less formal arrangement of mentorship is more appropriate.

What is Mentorship?

The philosophy of mentorship is concerned with making the most of "human potential" and encouraging self-development. It is a less structured process and relies more on the active seeking out and challenging of practice concepts with either a peer or other members of the team. Mentorship is a tool often employed for developing managers and as such this may be particularly beneficial for those newly appointed to consultant or management posts.

Preceptorship and mentorship may be viewed as complementary to and integral to clinical supervision. However clinical supervision skills need to be developed so that all staff can engage with it and also develop the skills required to supervise other staff as appropriate.

Clinical Supervision

Before describing clinical supervision, it is useful to review the term 'direct clinical supervision' that has been used in radiography for many years.

'Direct clinical supervision' is a term used to describe a radiographer who is working under the direct clinical supervision of a senior or superintendent radiographer. While this definition is helpful in situations where individuals may require close supervision in relation to specific tasks, it is only an element of clinical supervision and not the whole entity.

Clinical supervision embraces all of the strands of preceptorship, mentorship and at times direct clinical supervision. It helps to support the cultural changes required for life-long learning and incorporates the essential principles of CPD to facilitate professional and practice development and growth.

Key Principles of Clinical Supervision

Clinical supervision is a formalised means of improving and monitoring practice. It aims to improve skills, provide insights and improve patient care using a structured relationship that involves regular interaction with a more skilled and experienced practitioner but not necessarily a more senior person. The success of clinical supervision is dependent upon developing a culture where staff contributions are valued in relation to providing service/patient, individual and professional benefits.

The Department of Health's vision of continuous quality improvement and the introduction of clinical governance, including arrangements for accreditation of clinical services, rests upon a clear commitment to evidence-based practice and the use of protocols. Achieving this requires appropriate development of the workforce through education and training, CPD and life-long learning and the key principle that underpins this is reflective practice and its use in developing and supporting practice development.

Clinical supervision supports all of the above and rests upon the following key principles:

- It narrows or eliminates the practice/theory divide through the development and enhancement of radiographers' reflective skills
- It involves a supervisor and a radiographer engaging in a process to facilitate reflection
- It is an inclusive not exclusive process from which all staff benefit
- It is confidential to the specific people engaged in the supervision
- It is flexible and offers choice in the model of clinical supervision used, for example both individual and group supervision is possible
- It requires support and needs to be adequately resourced in line with it being a key part of an organisations quality agenda
- It requires a system for training both supervisors and supervisees
- It complements and supports other CPD/life-long learning planning or activities
- It needs to be regularly reviewed with the potential for audit.

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Importantly clinical supervision fosters a culture of openness and puts the patient's needs at its centre. It offers a structured way of ensuring that those engaged in radiography are able to meet current and future practice challenges. This is particularly relevant in roles where increasing autonomy and greater degrees of decision making form a significant part of those roles. It is also a mechanism to ensure that, during prolific expansion of radiographers' roles and responsibilities combined with rapidly increasing service pressures, that practice standards are not compromised.

The need for clinical supervision to be embedded in our clinical practice has gathered momentum since the publication of the Kennedy Report. This combined with on-going changes in the structure of the profession, the current demands on our radiographers due to increasing service pressures and staffing shortages, are exacerbating stress levels, particularly at the 'sharp-end' of clinical practice. Clinical supervision offers a way to provide the necessary support for staff. It also has a central role in supporting the development of practice innovation and its systematic evaluation.

In summary, clinical supervision is a tool that enables practitioners and others to develop their skills and abilities to their full potential hence contributing to their job satisfaction. It enables radiographers to accept full responsibility and accountability for their own practice and to subsequently feel empowered and confident to challenge systems and procedures that underpin practice. To ensure that radiographers continue to provide high quality care and to develop their clinical practice, the culture in practice settings needs to develop to reflect the importance of engaging with clinical supervision.

The SCoR Model of Clinical Supervision

There are many models of clinical supervision. However the model proposed in the Education and Professional Development Strategy is based upon the three functions formative, normative and restorative that indicates the educational, supportive and professional monitoring roles of the supervisor.

Within this context clinical supervision relates to a support mechanism for individual practitioners, however, it is not a managerial control system. It is equally applicable to all grades and types of staff working within the service throughout their working life.

Clinical Supervision-Implementation

As stated earlier 'supervision' in radiography may for many radiographers be associated with the radiographer/student relationship. However, to release the true potential of practitioners it is essential that we all engage in clinical supervision in its broader sense. The aims of clinical supervision in this broader sense are summarised as follows.

Clinical supervision:

- Safeguards standards of practice
- Develops individuals, both professionally and personally
- Promotes excellence in health care

A key feature of clinical supervision is that of reflective practice whereby practitioners learn from reflecting on their everyday practice in a structured way that informs future practice.

There are, however, employer commitments that need to be in place for clinical supervision to be successful, as indicated below:

- Commitment at all levels of the organisation
- Protected resources (time, budget, staffing and training)
- Training for both supervisors and supervisees
- Supervision for supervisors
- Strategies related to implementation of clinical supervision

Guidance on the Responsibilities for Supervisors, Supervisees and Employers

In introducing a system for clinical supervision the infrastructure that needs to be in place is partly defined by the roles and responsibilities of each of the participants, these, along with the employer's commitment and responsibilities, are outlined below:

Supervisors

The importance of the role of the supervisor in the success of clinical supervision cannot be underestimated. As such, attention must be given to the selection and training of this group of staff.

Qualities required of the supervisor include that they should be:

- Trustworthy
- Honest about own limitations
- Open
- Active listeners
- Supportive
- Facilitative rather than directive
- Analytical
- Committed to giving supervision
- Knowledgeable about radiography practice.

Supervisees need to be:

- Committed to clinical supervision
- Empowered to select an appropriate supervisor
- Open to suggestions
- Prepared to put time and thought into the process
- Able to acknowledge clinical supervision as a tool to develop competence

The employer should ensure that it is:

- Committed to clinical supervision at all levels
- Resourcing the process adequately
- Identifying and providing training as a priority
- Clear about the demarcation between managerial and clinical supervision roles
- Integrating standards for clinical supervision of radiographers into its wider governance agendas.

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Conclusion

In conclusion, for radiography to develop and flourish it is essential that the profession engages with clinical supervision to facilitate professional confidence building and leadership skills, autonomy and effective practice at all levels. As such, clinical supervision is an important developmental tool that needs to be embedded into radiographers' everyday practice.

The SCoR is committed to supporting radiographers and their employers to develop effective clinical practice through clinical supervision. It recognises that this is a new concept for some radiographers and that those individuals may need additional guidance and support to implement clinical supervision. Such individuals are encouraged to make contact with the professional team of the SCoR on 0207 740 7224 to discuss their particular needs.

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