Clinical Supervision in Radiography


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Clinical Supervision is:


A formal/informal arrangement that enables a practitioner to discuss his or her own work performance in a safe environment with someone who is more experienced (DHSSNI, 2013)

A method to improve professional self through lifelong learning, improve professional practice and to feel, and be supported as a member of staff (NHS Lanarkshire, 2010).

Professional Supervision is integral to sound clinical governance and should be considered a normal part of working practice, (SCoR, 2013)

Has been around in nursing for a while – SCoR ECF, 2010 – “use and give professional supervision”. Francis Report (2013) – lack of supervision raised!
Terminology

- **Supervision**
- **Mentorship** – an encouraging relationship (a peer)
- **Appraisal** – make judgements on quality of a practitioner’s work
- **Assessment** - evaluate performance and attainment of a learner
- **Preceptorship** – allows newly qualified radiographer practitioners to consolidate knowledge and transition from student to novice practitioner
What does the HCPC say….

- **Clinical Supervision** supports and improves registrants practice

- Ensure AHPs “practice safely and effectively while maintaining high professional standards of professional conduct”

- Approaches and practice of **Clinical Supervision** vary widely across the professions they regulate

- They **do not** produce specific standards or guidance on this.

- But they do say that good quality supervision is a supportive structure to enable registrants to meet their CPD standards
The HCPC publication highlights poor or infrequent supervision as a potential trigger for disengagement (caused by workload pressures / professional isolation).

Ways to prevent problems:
• good supervision;
• regular appraisal and performance management;
• buddy schemes;
• mentoring;
• preceptorship;
• professional networks;
• reflective practice
Scotland’s Position Statement on Supervision for Allied Health Professions (2018)


Co-authored by: NES; AHP Federation Scotland & AHP Directors (Scotland)

TURAS Platform - https://learn.nes.nhs.scot/3580/clinical-supervision
Clinical Supervision: (2018)

**Is:**

- The development of knowledge, skills, values and practice
- A safe place for professional development, growth and questioning, challenge, affirmation and structured reflection.
- Reflective practice and clinical reasoning taking account of professional standards and legislative context

**Is not:**

- Psychotherapy, therapy or counseling.
- An opportunity to ‘police’ staff and check up on their actions.
- Dictated by hierarchical relationships and positions
- Controlled, managed and delivered by the supervisor and / or manager.
- A place for blame, gossiping or moaning.
- A place for judgement on practice.
Agree?

**Clinical Supervision** should provide a supportive, good listening environment and should be a safe environment for individuals to discuss areas where additional support is required.

**Clinical Supervision** can also be integrated into a CPD programme.

Other AHP disciplines use case reviews – does this suit radiography?

A good idea!!!

**On-line training** already available at TURAS – Unit 1 for all; Units 2-4 for Supervisors.
Models of Supervision

Procter’s Model of Clinical Supervision

- **Restorative/Supportive**: Focus on health and well-being - supportive help for professionals working constantly with stress and distress
- **Normative/Managerial**: Focus on ongoing monitoring and evaluation, the quality control aspects of professional practice
- **Formative/Educative**: Focus on development of knowledge and skills

http://www.knowledge.scot.nhs.uk
The *frequency* of supervision will depend on:

- the experience of the supervisee
- their length of service
- the nature and complexity of their work
- the individual’s support needs

**Method:** - Responsibilities clear

- one-to-one discussions
- Group supervision
- Team supervision
## Importance of Feedback:

Good training for supervision on TURAS – see [https://learn.nes.nhs.scot/3580/clinical-supervision](https://learn.nes.nhs.scot/3580/clinical-supervision)

<table>
<thead>
<tr>
<th>Good feedback:</th>
<th>Lack of good feedback:</th>
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<tr>
<td>Improves performance</td>
<td>Demoralises</td>
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<tr>
<td>Increases morale</td>
<td>Reduces confidence</td>
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<tr>
<td>Facilitates self-reflection</td>
<td>Results in conflict</td>
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<tr>
<td>Develops teamwork</td>
<td>Reduces opportunities for learning</td>
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<td>Enhances quality of service</td>
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Opportunities within Radiography

• NES *Flying Start* (also NES *Effective Practitioner*)

• Skills development as part of career progression

• Team (modality) meetings

• Educational presentations

• Peer Support – including medical support

• Network Support
Issues to face:

- Supervision works well during preceptorship
- Implementation from a manager is challenging
- Protected time for an entire dept. is difficult

Do the radiography workforce “just deal” with demand and not ask for this?

Workforce modelling reviews **must** include supervision time, CPD etc

SoR ULRs training focus on “mentoring”
A SCoR webinar on supervision / mentoring coming soon.

MM to convene a SCoR Scottish Group to write guidance.
Implementing Clinical supervision

• Discuss with peers and management to set an informal agreement on the idea of implementing clinical supervision

• ? Have a local clinical supervision facilitator (a CoR practice educator)

• ? Have a clinical supervision implementation working group with a range of different grades (a bottom up approach)

• Allow frank discussion – barriers / enablers

• Management commitment essential

• Training - YES
Dynamics
Supervisee ➔ Supervisor

Band 5 / 6 ➔ Band 7
Band 5 ➔ Band 6
Band 7 ➔ Section managers / modality leads
Section managers / modality leads ➔ HOD
Clinical specialists ➔ Peer Review
HOD ➔ outside manager / other AHP
Sessions – Led by the Supervisee

- Away from main service area
- Planned into workload
- Responsibilities clear - Contract
- Ground rules
- Presentation of clinical issue (confidentiality)
- Reflective practice
- Critical incident analysis
- Discussion / feedback
- Action plan
- Record / document outcomes

*Speak with your local NES PEF*
The importance and benefits of CPD and lifelong learning

- Increases satisfaction with services
- Contributes to up-to-date and evidence-based services
- Influences service development
- Improves the quality of service delivery
- Supports recruitment, keeping staff, and creating a flexible workforce
- Adds to the mix of skills and productivity of staff
- Improves performance
Our standards for CPD say that a registrant must:

1. maintain a continuous, up-to-date and accurate record of their CPD activities;
2. demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;
3. seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
4. seek to ensure that their CPD benefits the service user;
5. upon request, present a written profile (which must be their own work and supported by evidence) explaining how they have met the standards for CPD.
To meet the CPD standards, you need to:

- Carry out learning activities on a regular basis
- Carry out different kinds of learning activities.
- Keep a record in the way that is most convenient for you.
- Carry out activities that might improve your practice and benefit your service users.
- Take part in an audit if asked.
HCPC audit stuff

- Randomly select 2.5 per cent of each profession and ask them to submit their CPD profile. December.
- If you are selected for CPD audit - pay the registration fee
- Submit a CPD profile by deadline (28\textsuperscript{th} Feb) - shows activities you have undertaken since your last renewal
- Provide supporting evidence that shows your CPD meets the standards, including a dated list to help the assessors identify any gaps of more than three consecutive months

Useful websites:


http://www.knowledge.scot.nhs.uk/home.aspx


http://www.careerframework.nes.scot.nhs.uk/

http://www.knowledge.scot.nhs.uk/ahpcpd.aspx

http://www.knowledge.scot.nhs.uk/ahppe.aspx


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https://www.sor.org/news/winning-world-radiography-day-posters-chosen
THE COAT OF ARMS

CHALLENGE

HOW MUCH DO YOU KNOW ABOUT OUR COAT OF ARMS?

The rod of Aesculapius is a commonly used medical heraldic device representing the staff of life entwined by the serpent of sickness.

The white cross on black background is not the Flag of Scotland! It is a representation of light and darkness – a reference to the shadow nature of radiographic images.

The golden sun in splendour is associated in heraldry with healing and is a source of radiation.

“Knowledge from Shadows”

WWW.SOR.ORG

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Questions and further information?

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Thank you