Clinical supervision
is it fit for practice in 2018?

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Background

Palliative Care involves healthcare professionals working with patients and families in the most challenging and emotionally charged situations. The impact of patients in their care continually dying can be profound and extremely stressful. The constant and unremitting nature of this can lead to burnout and compassion fatigue. If we are to sustain our staff in this challenging environment and changing landscape, and enable them to provide excellent care while meeting complex clinical and organisational demands, it is essential that we provide a regular reflective space.

Why

There is a need to look at standards and common practice of clinical supervision and reflection across organisation. We wish to broaden this conversation now we have completed our snap shot survey to agree some standards and develop a network of practitioners.

How

An online survey was sent to 15 hospices and palliative care teams. The survey had twelve questions allowing us to gain a snapshot of the delivery, value and dynamic quality of clinical supervision and reflective practice being offered.

As a result this is the final organisations find it time-consuming supervision and feel it is not beneficial and find it difficult to encourage others. For some it is often mandated and produced down the list of priorities and have a tough impact on our clinical abilities and evidence.

In a complex family with considerable stress evident as a situation it expresses that they often very useful to have a supervisor available to talk more issues.

Reflections

This was an explorative survey to help shape our thinking around the current state of clinical and reflective practice and its delivery. We were heartened by the number of responses and the level of detailed reflective narrative that we received.

The following themes have emerged.

Impact on care: Exploring different approaches, developing tools and strategies, discovering a new perspective.

Personal impact: Support with the emotional impact, processing what I am dealing with, developing resilience.

Organisational: Understanding team dynamics, support with the impact of changes in working practice, colleague concerns, competing priorities.

Whilst the majority of staff reported the value of this reflective time, some describe not finding any value and that it can impact on their own support strategies. Some respondents reflected that they did not wish to share how they were feeling in front of others which could perhaps impact on their own self-protective mechanisms.

Time: Has a big impact on how supervision is accessed, when workload is high and there is not great value placed on this is often overlooked and pushed down the list of priorities but has a tough impact on our clinical abilities and evidence.

Resilience: Do our clinical teams have a good understanding of how to sustain their resilience and how this can enhance clinical practice?

Results

The Landscape of hospice and palliative care services are changing with a drive for more community engagement to reach more people with differing levels of contact and support. These initiatives add to the existing workload which at times may feel unsustainable.

Now is the right time to review how we support our clinical teams and look to develop a dialogue about giving support for staff a higher priority and value. ‘This investment is vital to support clinical teams who will provide palliative care in the future.

Action Plan

We want a national dialogue about supervision in palliative care. If you are interested in working with us on this please e-mail gillthomas@pah.org.uk