Northumberland, Tyne and Wear NHS Foundation Trust

Appendix 6

Adopting a Model for Supervision

1 Negotiating areas for Clinical Supervision. There are many models of Clinical Supervision. The Trust has promotes model as a model of good practice.

1.1 Figure 1 (Appendix 5) represents the inter-relation between different areas, which could potentially be discussed in Clinical Supervision/Peer Review.

1.2 The first step in negotiating a model would be identify specifically, which areas are to be addressed in Clinical Supervision, and which could be addressed by others e.g. Line manager, peers etc. This helps both supervisee and supervisor to be clear about the focus of supervision.

1.3 The emphasis of the areas where the supervisee/reviewee identifies they require supervision should help to identify an appropriate model. A balance should be achieved between support and development.

2 Models of supervision

2.1 Heron's six-category intervention analysis (1990) describes interventions that the supervisor can make with the supervisee. It is a model that is used in counselling and allows the supervisor to adopt a variety of approaches interchangeably, for instance being authoritative at times but also facilitative.

2.2 Proctor (1986) suggests that there are 3 functions to supervision; normative tasks, which are about standard setting, formative tasks, which are about skill development and restorative tasks which are about openness and validation to create a healthy environment.

2.3 Faugier (1992) describes a "Growth and support" model, in which the supervisee experiences personal growth through a trust based relationship with their supervisor.

2.4 Ramirez (1991) suggests a multi-cultural model in which he argues that all individuals develop very differently as a result of a unique blend of cultural experiences. He argues that the supervisee and supervisor should therefore be matched in cognitive style and cultural background to create effective supervision.

2.5 Benner (1992) describes a process by which practitioners develop from novice to expert in a particular clinical area. Learning is via a process of practice development and critical thinking. Emphasis is placed upon analysing one's own practice.

2.6 There are a number of other models such as Milne (1986), Hawkins and Shohet (1993). Most models have developed from a therapeutic background and many are appropriate for caseload discussion.

3 Selecting a model

3.1 When choosing a model the supervisor/reviewer and supervisee/reviewee should consider:

- Structure of sessions
- What areas will be discussed at supervision
- What approach and cognitive style do they prefer
- What type of clinical area they work in
- What areas the supervisee particularly wishes to develop

3.2 Aspects of existing models may be combined or an original one devised to suit the individual.

3.3 The supervisor/reviewer and supervisee/reviewee may find it useful to look at how they may use:

- Feedback and challenge
- Reflection
- Significant Incident Analysis
- Active listening
- Critical thinking
- Sensitivity
- Openness
- Expertise
- Sharing knowledge
- Catharsis
- Catalytic Interventions
- Support
- Interventions with service users
- Within their model