Pan Birmingham NHS
Cancer Network

A Guide to Clinical Supervision for Psychological Support (for Level 2 Cancer Staff)

Version History

Version	Date	Summary of Change/Process
0.1	July 2010	Discussed at the Psychology NSSG
0.2	30 July 2010	Revised by Meera Shah following NSSG discussion and disseminated to the NSSG for comment
0.3	31.08.10	With comments from the psychologists consultation. For consultation with the Lead Cancer Nurses and CNSs
0.4	07.10.10	Following NSSG – for discussion between LB LC and MS
0.5	26.10.10	Following discussion between LB LC and MS
0.6	06.11.10	Comments IT and LC
1.0	24.11.10	Approved by Guidelines Sub Group

Date Approved by Network Governance	**24 November 2010**

Date for Review	**24 November 2013**

This leaflet has been written for staff working towards, or already practising at, Level 2 (psychological support). All these staff will receive clinical supervision for the psychological support they offer to cancer patients on a regular basis from level 3 or 4 practitioners. **This leaflet describes the clinical supervision component of level 2 psychological support practice**.

Setting the Scene:

Four levels of practice in the provision of psychological support for cancer patients were outlined in the Supportive and Palliative Care Improving Outcomes Guidance (2004)[1]. The peer review measures have now been published, and the National Group for Psychological Support NSSG leads (SIGOPAC) are working on the detail of how the policy guidance and measures can be implemented in each Network.

Peer review expects that a minimum of one person for every MDT should be practising at Level 2 (peer review measure)[2] and that these staff will have monthly clinical supervision with someone working at level 3 or level 4.

Staff working at Level 2 screen cancer patients for psychological and other concerns (supporting holistic needs assessment, HNA), and provide basic psychological assessment and interventions. To support this, they attend Advanced Communication Skills Training (Connected©), training in psychological screening, basic assessment and interventions (Network Level 2 training) and access ongoing clinical supervision on a monthly basis.

The aim of this clinical supervision is to support the continued development and consolidation of psychological skills and thereby further improve the quality of psychological support provided.

Staff working at level 3 and level 4 have regular clinical supervision as a core condition for professional accreditation/registration.

Clinical supervision for psychological support has a core training and developmental purpose and it AIMS to:-

- Develop, validate and enhance what staff are already doing - good practice is there already.
- Help put Level 2 psychological support skills into practice and maintain them.
- Reflect on what works, build on that, let go of what does not work - understand our blocks to good communication with patients.
- Explore difficulties that arise in practice.
- Reflect on the impact of the clinical work on self.
- Deal with intra- and inter-personal obstacles to provision of care (stuckness: ours, patients').
- Encourage open communication with, and assessment of all patient concerns.

Clinical supervision aims to be reflective, non-judgmental, confidential, supportive and collaborative. It is essential that everyone participates and shares their experience.

Clinical Supervision is not:

- Personal therapy.
- Becoming a psychologist or counsellor, but about enhancing our clinical skills.
- About changing the NHS, our local or neighbouring services.

In Practice

Key elements of clinical supervision (CS) (based on the requirements of the Peer Review measures and on best practice) are:

- Regular monthly supervision: e.g. as a defined meeting, or part of a meeting with a wider remit (for example attached to a seminar). There is evidence to demonstrate that learning is lost when CS is less frequent.
- Regular attendance each month to maintain and further develop psychological support skills
- A focus on clinical case discussions to reflect on how we apply psychological support skills in practice and then discuss, reflect on and practice how to develop these skills further.
- Preparation for each supervision session i.e. so that participants can reflect on and discuss their own case material.
- Equal opportunity for each to discuss their case material e.g.: 20-30 minutes of supervision time per participant.

References and Evidence Base:

- 1) Guidance on Cancer Services. Improving Supportive and Palliative Care for Adults with Cancer. The Manual: Chapter 5 (2004) NICE http://www.nice.org.uk/nicemedia/pdf/csgspmanual.pdf

- 2) National Cancer Peer Review Programme. Manual for Cancer Services 2008: Psychological Support Measures (2010) NCAT http://www.cquins.nhs.uk/download.php?d=resources/measures/Gateway%2014674%20Psychological%20Support%2020100820.pdf

- Cutcliffe, J. R., Butterworth, T. and Proctor, B. (2001). *Fundamental Themes in Clinical Supervision*. Routlede

- Edwards, D., Cooper, L., Burnard, P., Hannigan, B., Adams, J., Fohergill, A., and Coyle, D. (2005). Factors influencing the effectiveness of clinical supervision. *Journal of Psychiatric and Mental Health Nursing,* 12, 405-414

- Hawkins, P. & Shohet, R. (1989). *Supervision in the Helping Professions. An individual, group and organisational approach.* Milton Keynes: Open University Press.

- Heaven C, Clegg J, Maguire P. (2006). Transfer of communication skills training from workshop to workplace: the impact of clinical supervision. *Patient Educ Couns*, 60, 313–25.

- Mannix, K. A., Blackburn, I. M., Garland, A., Gracie, J., Moorey, S., Reid, B., Standart, S. and Scott, J. (2006). Effectiveness of brief training in cognitive behaviour therapy techniques for palliative care practitioners. *Palliative Medicine*, **20**, 579-584.

- Milne, Derek (2009) Evidence-Based Clinical Supervision Principles and Practice, Wiley.

- Moorey, S., Cort, E., Kapari, M., Monroe, B., Hansford, P., Mannix, K., Henderson, M., Fisher, L. and Hotopf, M. (2008). A cluster randomized controlled trial of cognitive behaviour therapy for common mental disorders in patients with advanced cancer. *Psychological Medicine*, 1-11.

- National Cancer Peer Review-National Cancer Action Team (2010). *Psychological Support Measures*. Department Of Health.

- NICE (2004). *Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer. The Manual*.

- Winstanley (2000) Manchester Clinical Supervision Scale. *Nursing Standard,* 14:19, 31-32. User Guide available at: http://www.clinicalsupervisionscale.com/info_mcss/home_mcss.html