



Reflective Supervision

Personal - Professional - Practice

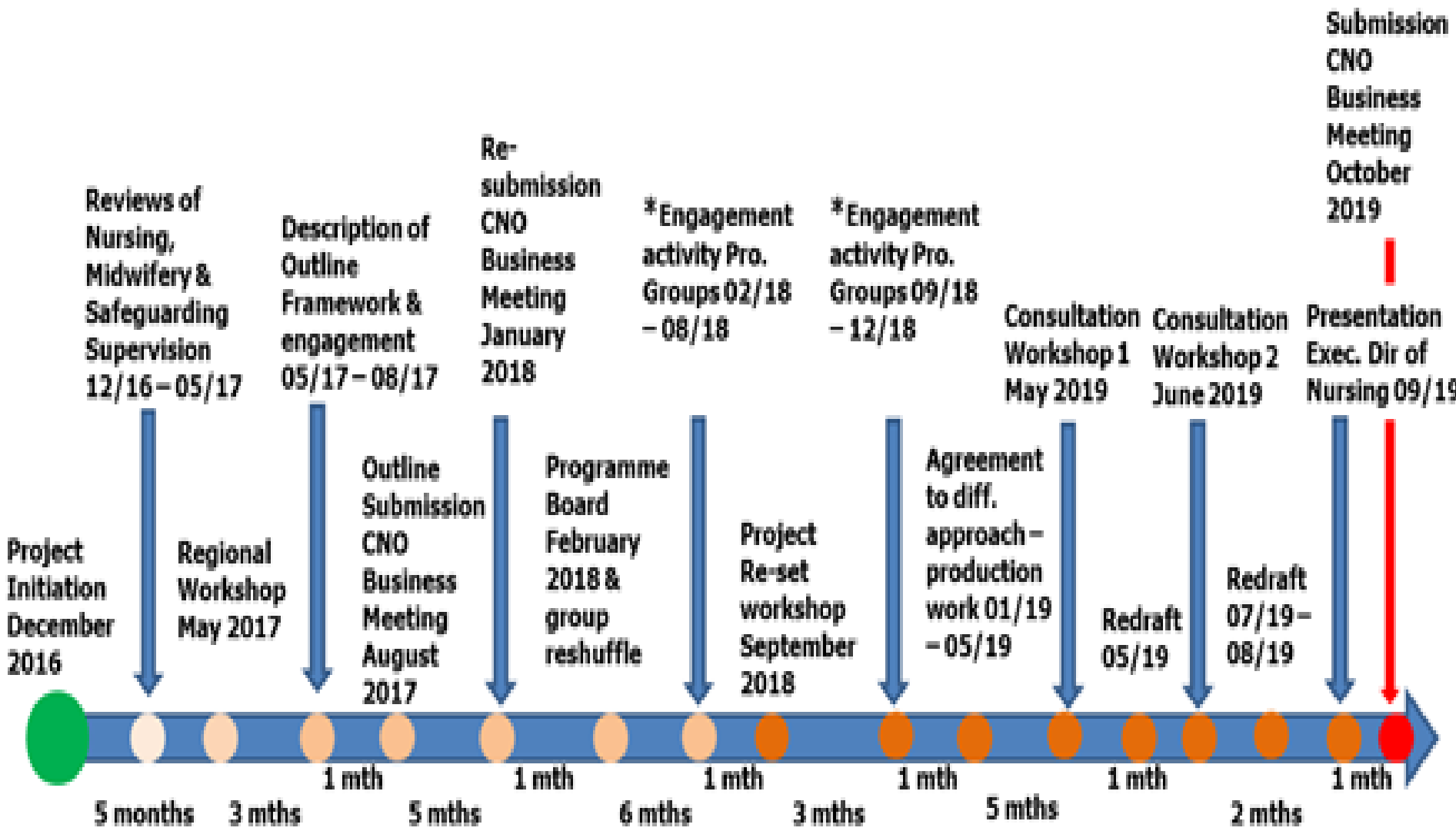


Lived Experience

Reflective supervision should:

- enable registrants to reflect on personal, professional and service provision topics to support improved safety, quality and person-centred practice for health and care services
- not be confused with performance management or with the client focussed elements of safeguarding supervision
- should be defined within a context of lifelong learning and professional development
- be used as part of the revalidation process for nurses and midwives.







EFFECTIVENESS (NORMATIVE)
 supporting individuals to develop ability and effectiveness in their clinical role to uphold professional standards supporting reflection on practice

LEARNING (FORMATIVE)
 enables participants to develop their skills, knowledge, attitude and understanding fostering insight through guided reflection

SUPPORT (RESTORATIVE)
 focuses on health and wellbeing and how participants respond emotionally to job demands; fosters resilience through nurturing supportive relationships that offer support and encouragement in times of stress



Standards: Who

- currently registered on parts one, two or three of the NMC register
- minimum of three years' experience
- prepared or approved against agreed regional criteria
- Responsibilities for supervisors and supervisees



Standards: Ratio

- number of reflective supervision **sessions** per year is 1:16

number relates to sessions not people

- arrangements for part-time working



Development and Support



Figure 5: Organisational Infrastructure

Line of Accountability & Assurance



*Senior Responsible Officer (SRO) Executive/Board level nurse or midwife leader accountable for providing assurance to Chief Nursing Officer

So what? What should feel different?

- **Process belongs to the supervisee**
- **Selection from HSCT supervisors**
- **Support for supervisors via network**
- **Inclusion of wider skill set to support range of types of supervision**

