

P129

DEVELOPING AND IMPLEMENTING A MODEL FOR MULTI-DISCIPLINARY CLINICAL SUPERVISION FOR STAFF WITHIN A HOSPICE

Jenny Watmore-Eve *St Josephs Hospice, London, UK*

10.1136/bmjspcare-2011-000105.129

Introduction The development of a model for the internal provision of clinical supervision in which both the supervisors (staff at AFC band 7 and above) and supervisees are well informed staff members of the multi disciplinary team, who use this process of reflection to understand and enhance their work while being supported by the management structure of the organisation.

Aims To introduce a sustainable model that works successfully across multi disciplinary boundaries.

To provide supervisors with training and 'supervision of their supervision' support groups facilitated by an external person/s.

To promote the importance of clinical supervision as a staff support mechanism from the top of the management structure down.

To assist staff to recognise the value for themselves personally and professionally of both accessing clinical supervision, AND providing it for others.

Results and discussion (pro's and cons) Pros; Supervisors are widely reporting enjoyment and satisfaction from their new roles, and the diversity it brings to their work, as well as the useful insights it gives to the working roles of their supervisees which may previously have been misunderstood.

Supervisees are reporting the benefits of having 'quality time' for reflection in their busy working schedule.

And cons; Take - up from trained nurses was slow due to inherent misunderstandings/ mistrust of the purpose of supervision. There were also fears regarding the maintenance of confidentiality in a small organisation, and difficulty dividing supervisors into peer support groups avoiding conflicting professional relationships. Sustainability relies in part on the management of the systems and register of supervisors and constant encouragement and promotion regarding the role and importance of 'supervision' for individuals, teams and the wellbeing of our patients

Conclusion Other hospices may be interested in implementing a similar model and can learn from our experience.