P141 DEVELOPING IN HOUSE CLINICAL SUPERVISION FOR ALL

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Introduction Senior Hospice Clinicians used to receive clinical supervision externally. This meant that learning from external sessions wasn't always shared. And more importantly most other staff didn't receive any clinical supervision or even knew what is was.

Aims To address this, a group of in-house staff were trained and supported to facilitate small groups of nurses and rehabilitation staff.

Methods Externally provided training looked at:

- Understanding what was clinical supervision

- Functions of supervision
- The process model
- Negotiating a group supervision contract
- Challenges, benefits and common dilemmas
- Practice facilitating groups
- Identifying transferrable skills
- Back-up literature.

Results Attendance at groups could be difficult. Some staff took more responsibility for attending; others had not previously encountered the concept in their professional lives and therefore saw it as an extra unwanted duty.

Two annual surveys were undertaken. These elicited a range of responses, from the highly committed and favourable to those who had not found it easy to incorporate this mode of learning and support into their work.

By the second survey responses were still varied but supervision was definitely now valued and there was no wish to make further changes.

Discussion The experience highlighted:

- The need to overcome cultural obstacles where staff had no prior experience of clinical supervision
- The importance of terminology – the groups are now called 'reflective practice', expressing the greater professional curiosity supervisees can bring to their work
- The importance of now extending supervision systems to volunteers who have direct roles with patients and families.