Effective Clinical Supervision

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edited by

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Karen Latimer began her nursing career in 1981 at East Birmingham Hospital, West Midlands. She then worked within adult acute settings before making the transition to nurse education in 1999. Her role as a professional development nurse at Birmingham Heartlands Hospital (formally East Birmingham Hospital) involved teaching and developing educational programmes for all grades of nurses. It was during this time that she became involved in clinical supervision and was involved in a joint venture between three other West Midlands trusts in an open learning package called 'Super vision'. Karen also became a member of the West Midlands regional strategy group for clinical supervision.

Her current position as a senior lecturer at the University of Worcester involves being a module co-ordinator on the pre-registration diploma in higher education and degree course nurse training programmes. Karen is also currently involved in supporting Worcestershire Acute Trust with the development of their strategy and clinical supervision workshops for supervisors.

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Sue Lillyman is a qualified nurse and midwife who worked in clinical practice for many years in a variety of hospitals within the West Midlands region prior to entering nurse education in 1989. Recently she worked as a volunteer with street boys and provided medical care in the shantytowns of Lima and remote villages on the Amazon in Peru. Sue is currently working at the University of Central England as Senior Lecturer where she is the route director for the Post-graduate Certificate in the Case Management of Patients with Long-term Conditions.

Sue has had an interest in reflective practice and the improvement of patient care through reflection for many years and been involved with portfolio development of staff, accreditation of prior learning and professional development.

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Debbie Peniket MSc, RGN, RM, RHV

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Debbie Peniket's career in the NHS now spans some 30 years. She has worked in general nursing, midwifery and health visiting and is currently an Assistant Director of Nursing and Therapies in South Birmingham PCT.

Most of her experience is within community services as a general health visitor and as a specialist health visitor for people with physical disabilities. This sparked her interest in the management of long-term neurological conditions and she undertook a Masters Degree in Advanced Clinical Practice at the University of Birmingham in 1998. Following this, Debbie worked as a nurse consultant until September 2003 when she took up her current post as an assistant director of nursing and therapies. She has a lead role in safeguarding Children and is a member of the Birmingham Safeguarding Children Board. In addition she is the trust lead for essence of care and the implementation of clinical supervision. Debbie provides facilitation for a leadership development programme and is involved in the modernisation of community services to deliver high quality, effective and patient/client-centred services.

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Introduction

Since the first edition of this book there have been developments in the process of clinical supervision with the onset of the health care standards set out by the Department of Health (2006). This document requires every NHS trust to meet these standards for their governance objectives in relation to leadership and clinical supervision. Although having some kind of process of clinical supervision in place in a trust is important, we see its real value as lying, not only in the objectives of the organisation, but also for the patient/client and individual practitioner. A fully functioning clinical supervision process clearly demonstrates a trust's commitment to improving the quality of its services by supporting all its staff. Such a process also sends a powerful message to service users. That there is a formal process in place where staff can explore new and better ways of providing the best quality of care for them.

In this book we have revisited the reasons why clinical supervision was first suggested as an important process and identified areas where we feel there has been a positive move towards its implementation. The book identifies how individuals and groups can positively engage in such a process and how this in turn contributes to their efforts to be life-long learners. We link clinical supervision with the knowledge and skills dimensions as set in the Department of Health's document (2004) and individual's development plans/portfolios.

In this edition we build on the first book and review where we are now in relation to the implementation of support networks for all professionals. We also identify why some parts of the process of clinical supervision have not lived up to their early promise and raise some new possibilities for both an appropriate conception of clinical supervision and its implementation.

Sue Lillyman Tony Ghaye

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