

# The Risky Business of Supervision



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*Ospidéal Réigiúnach Portláirge*  
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*Regional Cancer Centre South East*

**Waterford  
Regional  
Hospital**

A teaching Hospital of  
Royal College of Surgeons in Ireland  
Coiliste Rioga na Máinleá in Éirinn



**RCSI**



Grúdaimeannacht na Seirbhíse Sláinte  
Health Service Executive

Ospidéal  
Réigiúnach  
Phort Láirge

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RCSI



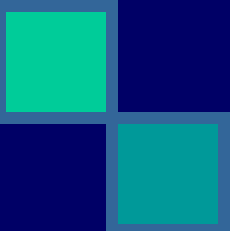



# Overview WRH maternity Services

- 2250 :Birth rate (2012)
  - PMR 3.6%
  - Caesarean Section rate 23.1%
  - SVD 59%
  - Midwifery Led Services (Domino / Homebirth)
  - EPAU
  - Midwifery Ultrasonographers
  - Direct entry midwifery students UL
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# Wish List

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- Statistician
  - Skills lab
  - Midwifery practice development unit
  - Lactation specialists
  - New mannequins
  - Someone dedicated to guidelines alone!!!!
- 

# ANNUAL REPORT

## 2012




15




# AMP Development – Service Need

## **The Maternity service in Waterford needed**

- Expert Midwifery Practitioner
  - Development of evidence based physiological childbirth and midwifery practice
  - **Clinical supervision for midwifery led practice**
  - Midwifery research undertaking and disseminate
  - Clinical midwifery leadership
  - Clinical responsibility for caseload of women with specific midwifery care needs
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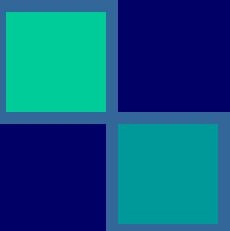

# Advanced Practice Core Concepts

- Autonomy in clinical practice
  - *Expert practice*
  - Clinical leadership
  - Research
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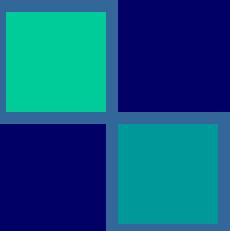



# An Expert

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- An expert is someone widely recognized as a reliable source of technique or skill whose faculty for judging or deciding rightly, justly, or wisely is accorded authority and status by their peers or the public. (Oxford English Dictionary)
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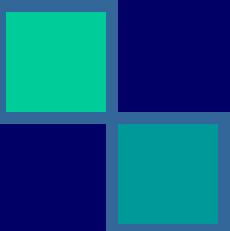



# Defining clinical supervision

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- *"clinical supervision is regular protected time for facilitated, in dept reflection of clinical practice. It aims to enable the supervisee to achieve sustain and creatively develop a high quality of practice through the means of focused support development.*
  - *The supervisee reflects on the part she plays as an individual in the complexities of the events and the quality of her practice.*
  - *The process of CS should continue throughout the persons career, whether they remain in clinical practice or move into management tor research or education" (Royal College of Midwives)*
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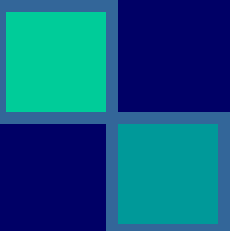



# Overseas Friends

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- Statutory supervision of midwives have been integral to the profession of midwifery since the 20<sup>th</sup> century
  - NMC 2012 has set standards for the supervision of midwives
  - Rule 9 of the midwives rules and standards requires each practicing midwife to have a named supervisor
- 



# Saving Mothers Lives


- 
- Half of all maternal deaths could be prevented with better care.
  - Substandard care was a major contributor to fetal and neonatal mortality.
  - Enquiries repeatedly highlighted poor communication and team working within multi professional obstetric and midwifery teams.
- 



Thought .....



*An error does not become a mistake until  
you refuse to learn from it*




# Overwhelming role of Advanced Practice





# Supervisor Activity




- Leadership and guidance
  - Supporting evidence based care
  - Acting as a role model
  - Undertaking the role of mentor
  - Facilitating reflection on critical incidents
  - Supporting professional development
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# Models for practice



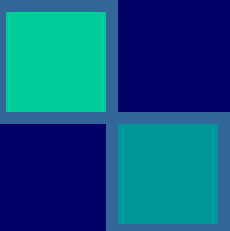

Any model can be adapted to include these outcomes:

- Improved quality service delivery through the use of evaluation systems
  - New learning opportunities
  - Improved staff retention
  - Improved efficiency and effectiveness (RCN 2007)
- 






# Proctors model: 3 components

- 
- **Formative** *education role*: professional development, through reflection and self awareness
  - **Restorative** *supportive role*: supportive relationships, deals with emotional issues arising from practice which can induce stress
  - **Normative** *managerial function* responsibilities of employer to put in place mechanisms for developing competence and supporting employees in the interest of clinical governance and risk management
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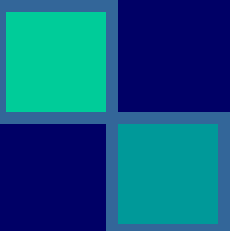



## Practice Standard 3

- “The midwife practices in accordance with the scope of midwifery practice and develops and maintains ongoing competence” (An Bord Altranais 2010)
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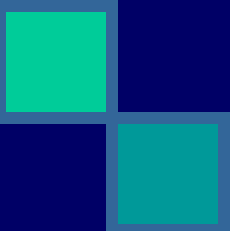



# Waterford 2010

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- Course :January-June UCLAN 2010
  - Policy and paperwork February/March
  - supervision sessions April
  - All members of IHCMS and EPAU first session complete ,documented action plan in progress
  - Every 6-8 weeks weeks for one hour
  - Pre agreed time /agenda ten days prior to session
- 



# Evaluation Results

- 
- Support
  - Self awareness/reflection
  - Professional development
  - Patient safety
  - “Map out my future”
  - Decision making
- 



# Waterford 2014



16 midwives attend regularly (8 MLS /8 self referral )  
1 outside maternity

## **3 sessions a year**

- 
- Professional development
  - Adverse event support and nurturing
  - Peer review (MLS/Homebirths)



# Culture 2014

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- “expectation of supervision and support”
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# Common themes



## Continuous professional development

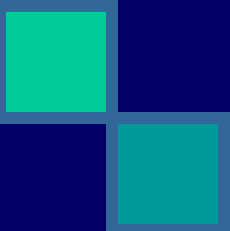

- “stuck in a rut”
- “Buffer”
- Promotion
- Education
- Interview prep

## Adverse event

- Fetal monitoring
  - Use of oxytocin
  - Abdominal palpation
  - Record keeping
  - Multidisciplinary communication issues
  - “Dealing with working outside of best practice”
  - “Exposing the hidden agendas”
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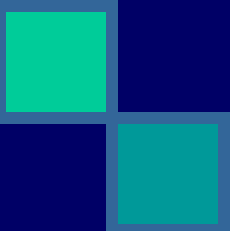

# Benefits of Clinical supervision

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- Quality of care
  - Supervisor and supervisees learn together establishing mutual respect
  - Different models can be used in different situations
  - Retention of staff and absenteeism
  - Linked to portfolio development
  - Linked to CPD Encourages best practice dissemination
  - Promotes role of supervisor as leader and role model
  - Promotes excellence in maternity care
  - Improved working relationships
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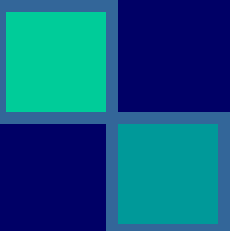



# Challenges

- 
- Time factor
  - who
  - cost
  - Training
  - Paper trail
  - Mandatory
  - Senior staff
  - Confidentiality
  - Getting to the truth
  - “changing people”.....?
- 

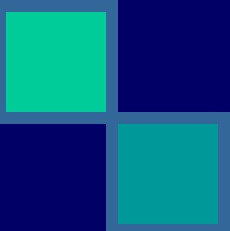



# Skills

- 
- Counselling/coaching
  - Report writings
  - Questioning
  - Sensitive
  - Self awareness
  - Reviewing records
  - Forming time lines
  - Presenting the facts
  - Assessment of the situation
  - Being non judgemental
  - Scrutiny of peers practice
  - Risk management
  - Lesson learning
  - willing to challenge
  - Using evidence to back up findings
  - Root cause analysis
  - Recognition of an incident
  - Use of critical companions
  - Making recommendations
  - Ability to protect women
  - Honest /transparency
- 



# knowledge

- 
- Midwifery clinical knowledge
  - NMBI publications
  - Legal outcomes
  - Practice standards
  - Evidence based practice
  - Understanding what is normal standard practice
- Knowledge of the service/clinical process
  - Clinical governance framework
  - Up to date continual professional development
- 

# Building a community of leaders



“Leadership is not defined by the exercise of power but by the capacity to increase the sense of power among those you lead.

The work of leaders is to create leaders.”

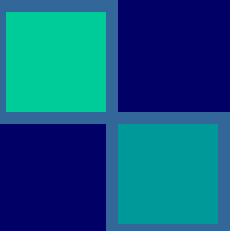

*Mary Parker Follett*

# The Future?





# Thought for the day.....

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- *"The world is moving so fast these days, that the person who says it can't be done is generally interrupted by someone doing it" .*
- 

Henry Emerson Fosdick

