



# Clinical Midwifery Supervision “The Journey”

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# National Direction

A letter from the Chief Nursing Officer for Scotland to NHS Boards (DL (2016) 24) outlined the actions required of them to implement clinical supervision for midwives as part of the UK legislative change to the statutory supervision of midwives.



## Review of Midwifery Supervision Paper

12.6 - The restorative component of supervision is concerned with how midwives respond emotionally to providing care. Restorative support fosters resilience through the nurturing of supportive relationships that can be protective against work-related stress and 'burnout', & can play an important role in maintaining the health and wellbeing of practitioners (Hawkins and Shohet 2000, Maben et al 2012)

12.7 - Restorative support is a vital component in the provision of compassionate care for women & their families.

# Mindful Nation UK?





# Scotland's response

## Taskforce

- Range of stakeholders
- Implications of change
- Design of new model
- Co-production
- Engagement



## Workstreams

- Model of supervision
- Resources
- Standards & Governance
- Education
- Evaluation



**NURSING 2030 VISION:**  
PROMOTING CONFIDENT, COMPETENT  
AND COLLABORATIVE NURSING FOR SCOTLAND'S FUTURE



# Clinical supervision for midwives - an approach for Scotland

## NHS Boards

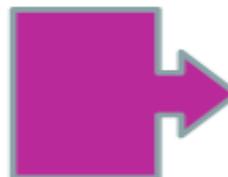
- Executive Nurse Director lead
- HoMs implement
- National consistency

## Non NHS employers

- Decide if necessary

## Clinical supervisors

- Peer/self nomination
- Selection & appointment
- Education & CPD



## Midwives in clinical practice roles

- Restorative model
- Support reflective practice

## Clinical supervision

- Group maximum 10
- Attend 1 session a year
- Additional as wish
- 1 to 1 as needed



# Workstreams

- Model of supervision
- Resources
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## NES Clinical Supervision Model



## NHSGGC Governance



### NHS Greater Glasgow & Clyde Clinical Midwifery Supervision

Implementation Guidance Document

# Workstreams

- Model of supervision
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## NHSGGC Clinical Supervision Education



## Evaluation

Chief Nursing Officer Directorate

Scottish Government  
Riaghaidh na h-Alba  
gobharnat

**Clinical supervision for midwives: Supervisor evaluation of practice**

To what extent do you agree with the following statements?

I am able to support supervisees to ...	Not at all					Totally agree				
	1	2	3	4	5	6	7	8	9	10
Participate in regular/facilitated reflective practice										
Develop self awareness										
Enhance their ability to adapt their emotional response to situations										
Express and explore emotive issues in a safe space										
Increase confidence in their clinical capabilities (knowledge and skills) through self appraisal										
Optimise their ability to work effectively with other team members										
Explore clinical decision making in a safe space										
Identify key actions from reflection to develop their practice										
Proactively develop their practice										

January 2018

## System Management

Webropol – Supervision/Training Booking

Registration Governance

Evaluation Data Collection/Reporting

# NHS GGC Resources



 **CLINICAL SUPERVISION FOR MIDWIVES**  
**NEWSLETTER**

**Who are the Clinical Supervisors?**

Kerryanne Crielly (Labour Ward)	Jackie McMaster (Lanark Community)
Wendy Duffy (Antenatal Ward)	Laura McMillan (Labour Ward)
Val Ferry (Labour Ward)	Collette McAdam (Antenatal Ward)
Hazel Fleming (Neonatal Unit)	Elsie Sneddon (Labour Ward)
Lorraine Grahame (Neonatal Unit)	Maria Walsh (Airdrie Community)
Vicky Grove (EPAS)	Megan Walsh (Airdrie Community)
Gillian Howie (Labour Ward)	Heather Yull (Management Secondment)
Lorna Lennox (Triage)	

**What is Clinical Supervision?**

The new style of clinical supervision is different from the old statutory supervision we were all used to. The new model aims to support midwives to reflect on and develop their practice through facilitated group discussions to help improve services and contribute towards safe care and better outcomes for women and families.

We will be holding structured group sessions once a week in the Parenthood Room in WGH which will last 2 hours. The topics for the first 3 sessions are listed below.

You are required to attend one 2 hour session per year and you will be allocated hours out of practice for this. You can attend other sessions if you wish but this would be in your own time. There will be a timetable of the group sessions and the topics for discussion to allow you to pick one that interests you. Sessions can be booked via your Ward Manager or Team Leader.

There will be an opportunity for one-to-one sessions with a supervisor of your choice should you feel this is necessary.

The first three sessions will be:

16 <sup>th</sup> January	Best Start
23 <sup>rd</sup> January	Continuity of Carer
30 <sup>th</sup> January	Supporting our newly qualified Midwives

We will be holding a launch event on the 8<sup>th</sup> of January in Ward 24's Seminar Room where you will have the opportunity to meet the new Clinical Supervisors and give your ideas for topics for the group sessions

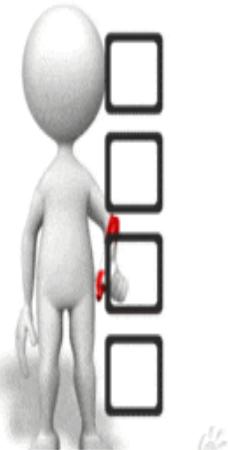
## In House Training

2 days – Maximum 10 per class

## Supervisor Support

- Developed buddy supervisor system
- All supervisors had PEF backup support for 1<sup>st</sup> Supervision session
- Supervisor refresher training
- NHSGGC Clinical Midwifery Supervisor Network

# Launched February 2018



# Barriers

Culture

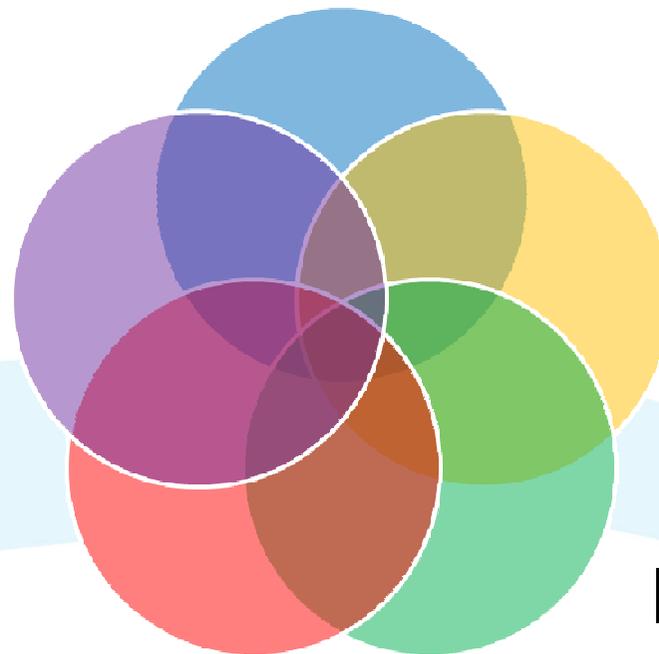


Working  
Patterns

Confidence  
&  
Motivation

Time &  
Capacity

Knowledge  
& Skills





## Reflection to Action

# Potential Assumption?



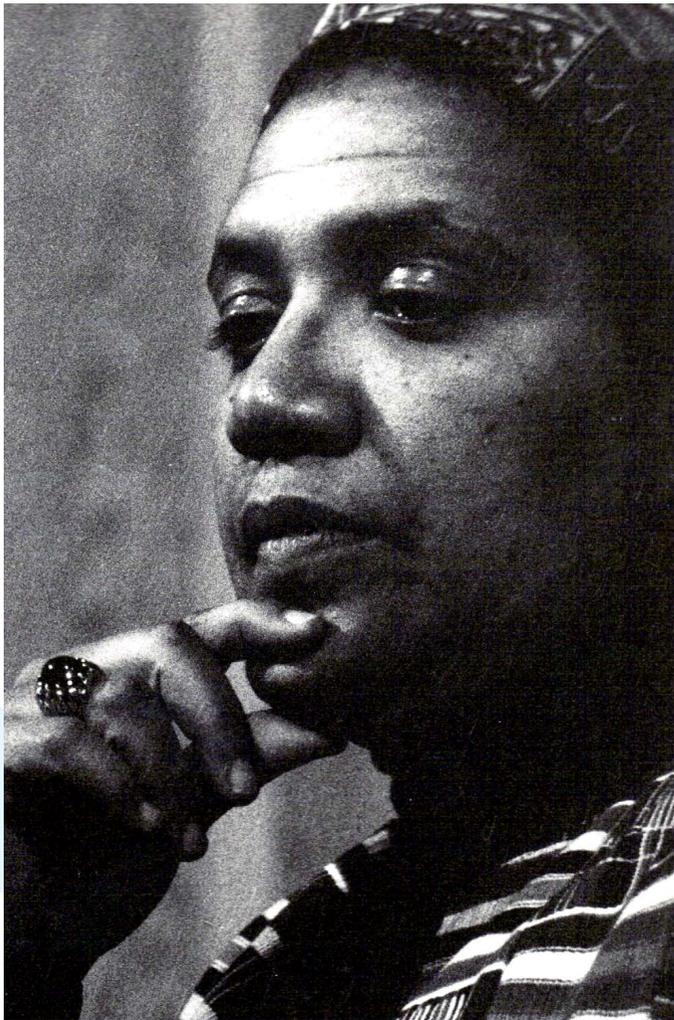
The notion of **resilience in midwifery** as the panacea to resolve current workplace concerns may be interpreted as expecting midwives 'to toughen up' in a work setting that is socially, economically and culturally challenging.

# Clinical Midwifery Supervision : NES Toolkit



## Clinical Supervision – the restorative elements

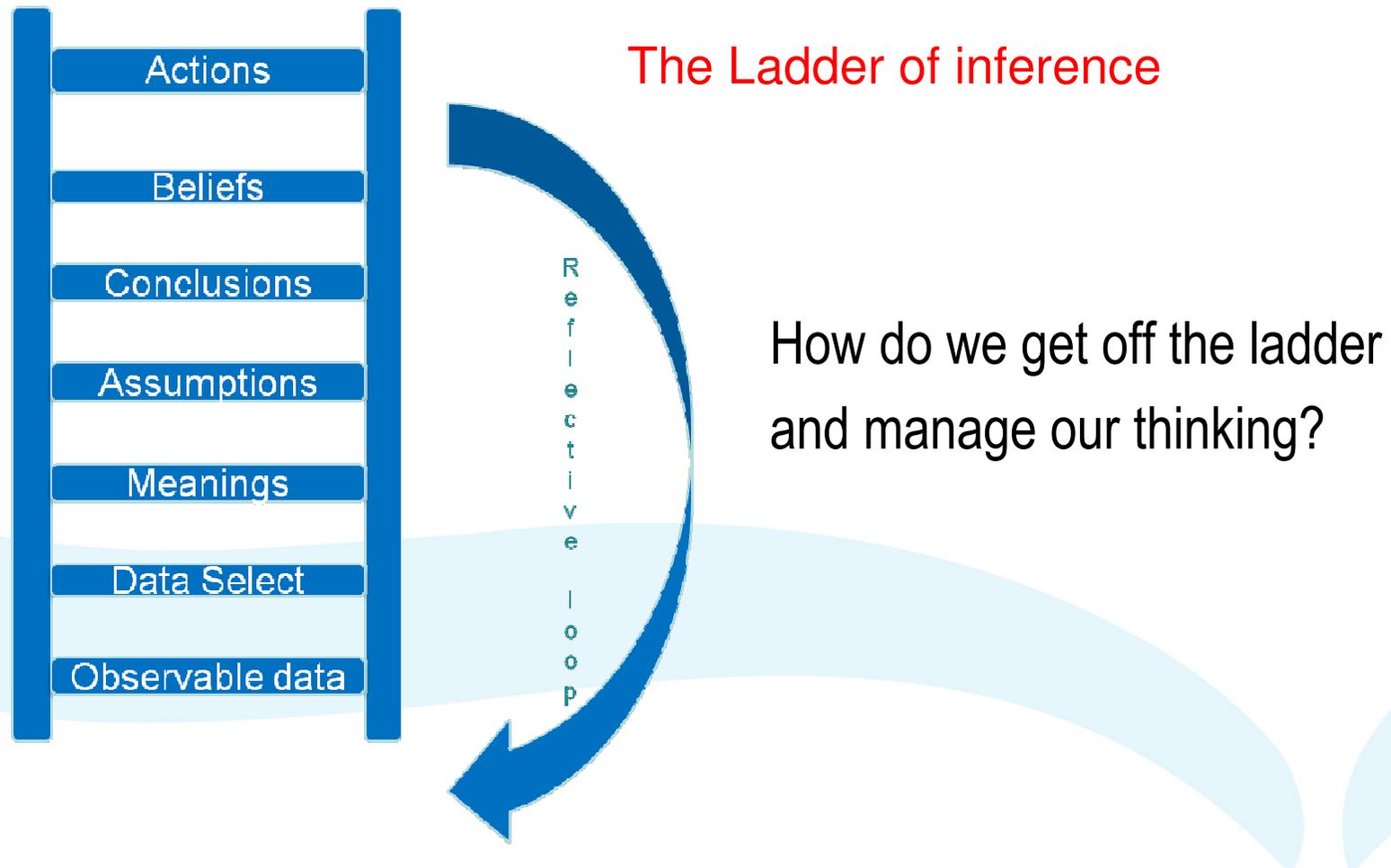
- Jumping to conclusions
- Mental filtering
- Magnifying
- Minimising
- Personalising
- Externalising
- Overgeneralising
- Emotional reasoning



“I have come to believe that caring for myself is not self-indulgent -  
Caring for myself is an act of survival.”

Audre Lorde

# Clinical Midwifery Supervision



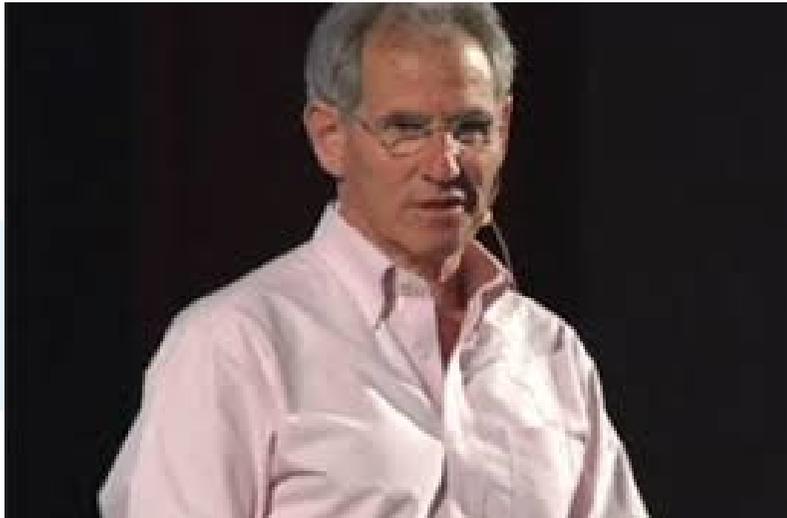
# Mindful Nation UK?





# Mindfulness

Mindfulness is the awareness that emerges through paying attention in a particular way, on purpose, in the present moment, and non-judgementally, to the unfolding of experience moment by moment.



Jon Kabat Zinn



# Mindfulness



Is a quality of awareness which develops when we pay attention in a particular way:

- in the present moment
- with curiosity
- and kindness
- to things as they are.

# What are the benefits at work?



*‘A recent review of the scientific literature concludes that mindfulness creates improvement in three key areas:*

- 1. Resilience and wellbeing**
- 2. Enhanced working relationships**
- 3. Performance** *(including leadership, decision-making, organisational transformation, creativity and innovation’.*

[Right Click on the below Link :](#)

[Mindfulness Initiative : Building the Case for Mindfulness in the Workplace](#)

# Clinical Supervision and Mindfulness

## Why Mindfulness?

- **It's familiar** – we do it anyway, we just might call it something else
- **It's not something special** – anyone can be mindful
- **It works** – There is a vast amount of evidence about the benefits of mindful practices
- **It goes hand and hand with supervision** – it's adds to the restorative support in clinical supervision, it's non-reactionary, the union allows added opportunity for NHSGGC to support staff in self care
- **It can support the Clinical Supervisors** – offers additional support as they transition into a new role
- **Will support supervisees** – if supervisors are fully present, attentive with a free mind to actively listen.

## Benefits for the individual

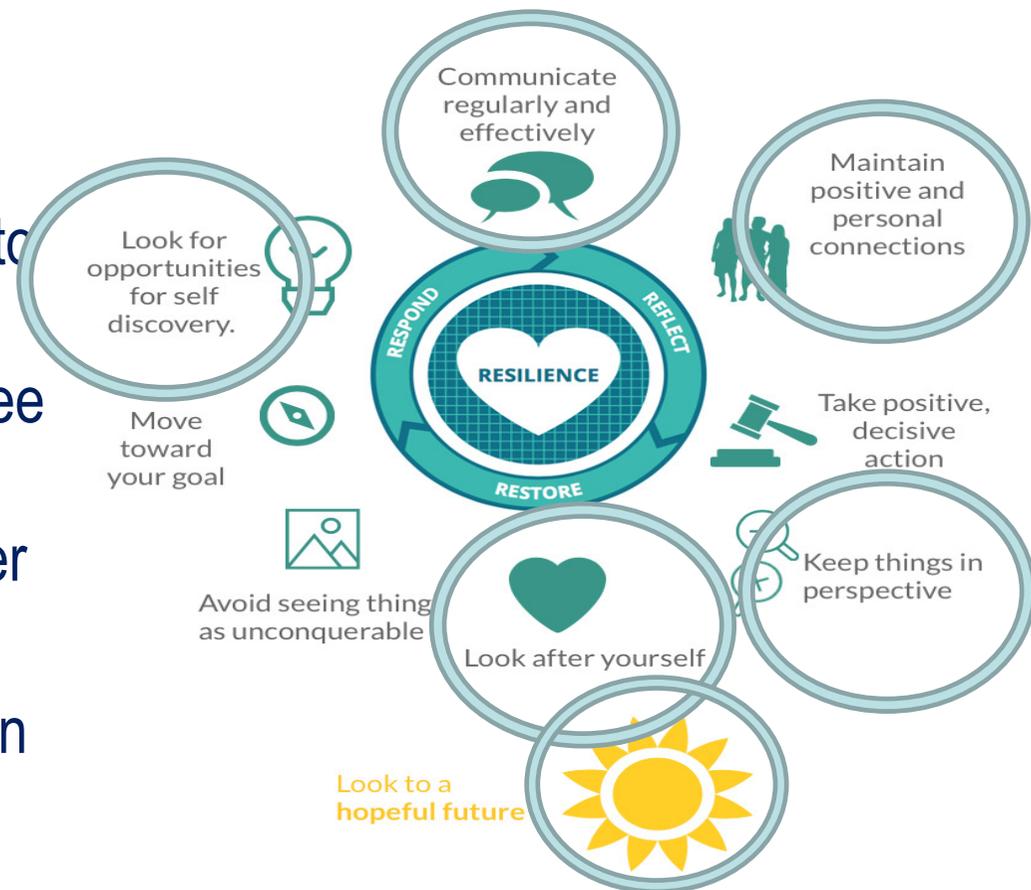
- Mindfulness helps you focus on the present moment, which can assist you to cope more effectively with stress and reduce the risk of professional burnout.
- Mindfulness can enhance communication with others by bringing a greater awareness to how and what others are communicating. Listening and speaking with greater attention can lead to more effective communication, particularly in crisis situations.
- Being more mindful and bringing receptivity to whatever is happening can deepen your understanding of your relationships with your friends, family, colleagues, and ultimately yourself.

# Supporting & Offering Resilience & Self Care opportunities at work is key

- Supervisors Group Supervision
- Buddy peer support
- Mindfulness – MBSR 8wk program
- Integrate mindfulness practices into clinical midwifery supervision
- Progress to offer all Midwives – free access to MBSR 8wk program
- Supervisors Mindfulness Refresher Sessions.

Long-Term Plan - train midwives in mindfulness teaching

## Improving Resilience



# How Can We Overcome the Barriers to Self Care ?

Literature demonstrates what can be very helpful is if employers support staff in self-care activities by incorporating mindfulness practices into everyday Working.



This is our aim as we incorporate the Self care of mindfulness practice into Clinical Supervision group sessions.

# Mindfulness Self-Care in Midwifery Practice



# Sustaining Clinical Midwifery Supervision Model

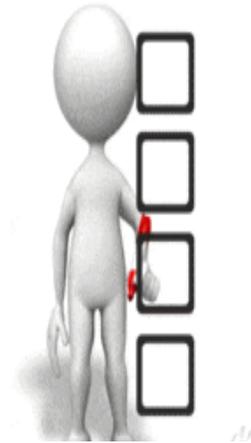


## **Using Mindfulness as a Quality Improvement tool to build resilience through Clinical Supervision**

Resilience can be developed by facilitating people to reframe their way of thinking and seeing situations; enhancing their sense of locus of control, understanding their role and responsibility boundaries, appreciating the positive, etc.

# Turning the Tide!

- Need to be adaptive and strong in resolve
- Communication ...
- Reassurance
- Confidence
- Leadership, focus and grip



# Achievements to date



- 45 clinical midwifery supervisors trained
- 58% of midwives attended one supervision session for the period February 2018 to 2019

## Supervision Spread

- Professional Governance and Regulation Team - 3
- Practice Education Team - 6
- Practice Development Team - 0
- Advanced Nurse Practitioner's Acute Service - 12
- June - Emergency Department Team in the Queen Elizabeth University Hospital (QEUH) - 0

*Thank  
you*

