

Reflective Clinical Supervision - Scenario 1 (Individual reflective clinical supervision)

Kim is a new graduate registered nurse undertaking a New Graduate Program at a tertiary hospital. She is halfway through her program when she is involved in a cardiac arrest on the ward. Fortunately, the patient is successfully resuscitated. However, an incident occurs during the arrest, where the attending registrar shouts at Kim. This causes her great distress and embarrassment, and damages her confidence.

The following day, Kim's Nursing Unit Manager (NUM) approaches her on the floor during the busy morning shift (surrounded by colleagues and patients). She says "I hear you were really upset and might need some counseling after what happened during the arrest the other day. I am free now, come into my office." Kim follows her NUM into the office, feeling embarrassed that the issue was raised in front of her colleagues and other patients. Kim also feels uneasy about burdening her colleagues with her workload while she is in the office. The NUM sits behind her desk. She says she heard what happened, that Kim should take no notice of what was said by the doctor, and that she just needs to stand up for herself next time and be more assertive. Kim leaves the office still feeling uneasy about the incident and unsure about how to move forward or deal with her feelings.

Kim has previously commenced regular reflective clinical supervision with Mark, a Clinical Nurse Consultant affiliated with the new graduate rotation program. Kim feels comfortable speaking with Mark, as she is aware reflective clinical supervision should be provided by a person trained as a clinical supervisor, and outside the line-management of the supervisee. The sessions are held monthly for an hour in Mark's office, at a dedicated time when Mark can provide his full attention.

Mark welcomes Kim to their planned clinical supervision session, two days after the cardiac arrest incident. The roles and expectations of supervisor and supervisee were established between Mark and Kim at their first session. After an initial 'warm up' conversation, Mark reminds Kim that the session is confidential, except if there is a danger of harm to herself or others, or there is a boundary issue requiring action. In this event, the appropriate steps would be taken to address the issue, whilst providing support to Kim. Mark turns his phone off, reminds Kim that she has his complete attention for one hour, and then asks "What would you like to bring to clinical supervision today?"

Kim explains that during a shift she entered a patient's room to find the patient unconscious and not breathing. She called for help and pressed the emergency buzzer. A number of doctors and nurses came running in and CPR was commenced. Kim becomes tearful and upset whilst describing the event. She describes feeling completely overwhelmed. Mark empathises with Kim, acknowledging that an arrest situation can be very intense and overwhelming. Mark then confirms that the purpose of the session is to explore and better understand Kim's experience of the events related to the emergency. Kim agrees.

Mark asks Kim to continue to describe exactly what happened. Kim explains that she stood back while more experienced staff took over, but remained in the room and helped by handing out equipment from the arrest trolley. A decision was made to intubate the patient. The doctor performing the intubation turned to Kim and asked her to prepare the equipment for intubation. Kim states that she was unsure of what equipment was required and began fumbling through the drawers of the trolley and handing various pieces of equipment to the doctor. At this point, the doctor became irritated and shouted at her,

saying it was the wrong equipment and that she should leave if she did not know what she was doing. Another nurse stepped in to help and Kim left the room, close to tears.

Mark asks Kim to focus on how this made her feel at the time. Kim reflects on her response and says she felt 'hopeless' and 'useless' and incompetent as a nurse. She also felt embarrassed and humiliated in front of her colleagues. She says that at the time she began to question whether the whole incident was her fault and whether she had caused it by being 'so incompetent'. She says it has continued to upset her and is causing her to doubt herself and her clinical judgment.

Mark asks Kim to reflect on the response of the doctor and consider why he may have reacted the way he did. Kim states that he probably felt very stressed and under a lot of pressure because time was critical and he was the one responsible for the intubation. Mark goes on to question the response of the doctor, asking Kim to consider whether he had communicated his wishes clearly and appropriately.

Mark also queries what the noise level was like in the room, and how other people were responding. Kim says it was frantic and that many other people were also shouting orders. Mark asks Kim to reflect on the scenario from the perspective of her colleagues in the room. "Did other people hear what the doctor said to you? How did they respond?" Kim replies that it was unlikely that others in the room heard or paid much attention to what was said, as everyone was very busy and focused on their own tasks and their own stress levels.

Some further questions are then asked by Mark to better understand the impact of the situation on Kim. He asks Kim to consider whether she felt she acted within her scope of practice. "On reflection, do you feel you were negligent in any aspect of your care?" Mark also asks Kim to consider whether she felt she had the trust and respect of her colleagues, and if she believed the interaction would have changed their view of her. He then asks if she has ever witnessed a similar outburst in the past, and if so, how she and others responded to that incident.

Kim responds, stating that she does not feel she was negligent or responsible in any way for the arrest. She says she feels she is generally respected by her colleagues, and that the words of one person in the middle of a critical incident would not alter their view of her. She acknowledges that she acted within her scope of practice, and that it is the responsibility of all members of the team to support less experienced staff in an arrest situation. Kim adds that whilst she hasn't witnessed many emergency events, she has witnessed several incidents in the hospital where someone was abused or criticised publicly, and feels such behaviour shouldn't be tolerated.

Towards the end of the session, Mark reviews the session purpose and summarises the discussion, confirming that Kim was feeling distressed and doubted her competence in a crisis situation. Through examining the responses and perspectives of others involved in the incident, and reflecting on Kim's past experiences in similar scenarios, Mark is able to guide Kim's reflective thinking. He assists Kim to understand the scenario in a way that allows her to consider how she might be able to respond more appropriately if a similar situation were to occur again.

Mark then asks Kim to consider what steps/actions she will take to feel more composed and in control in an emergency situation. The first thing Kim identifies is that she requires more education to familiarise herself with the equipment on the resuscitation trolley. She plans to

discuss this with the NUM and Clinical Nurse Educator, and organise further education. In addition, Mark asks Kim if she would like to talk to the doctor about what happened during the cardiac arrest. Mark and Kim briefly discuss how this might occur and Kim suggests this could be the topic of a future reflective clinical supervision session. Kim adds that she may also wish to have a conversation with the NUM regarding their interaction. Mark informs Kim that the Employee Assistance Program (EAP) is also available to her, should she require further support. Kim says she is fine and that raising this issue today was most helpful to her.

During the session, Mark has made brief notes, including the next steps/actions Kim plans to take. Mark thanks Kim for coming to the reflective clinical supervision session, and hands her the notes representative of the session's work. The session concludes as Mark and Kim confirm the date, time and venue for the next session.

Scenario Questions – Individual Reflective Clinical Supervision

1. What helped Kim discuss her distressing experience with Mark?
2. How did Mark determine how to best provide useful support to Kim during the reflective clinical supervision session?
3. What factors in the cardiac arrest incident were of most concern to Kim?
4. What steps did Kim plan to take to increase her clinical skills and confidence?
5. Where do you receive support if an incident or interaction in the workplace causes you distress?
6. What is your experience of reflective clinical supervision?