

Reflective Clinical Supervision - Scenario 2 (Group reflective clinical supervision)

Sam is the Clinical Nurse Consultant (CNC) for Critical Care. As part of her role, she conducts regular reflective clinical supervision sessions for groups of nurses and midwives from the Intensive Care, Maternity and Emergency Units. The regular sessions have been running for six months, with the group meeting on a monthly basis.

Sam arrives in the ICU for a planned session, and meets with six of the nurses and midwives in a conference room adjacent to the unit. Tom and Michelle have come from ICU, Lynda and Libby from Maternity, and Helena and Sue from Emergency. The room is separate to the busy unit, and the chairs are positioned in a circle.

Sam commences the session by welcoming everybody to the group and noting that the session will run for approximately one hour and fifteen minutes. The roles and expectations of the supervisor and supervisee were established during the first group session. Sam mentions these again, and outlines the groups 'ways of working' – an agreement which details expectations regarding how the group relate to each other. Sam reminds the group that the session is confidential unless there is an identified risk to patient or staff safety, requiring action/intervention. The group nods their agreement. Sam asks that all mobile phones be turned off for the duration of the session.

Sam opens the discussion up to the group by asking each member - "What would you like to bring to clinical supervision today?" Tom says he has an issue currently causing conflict in the ICU that he would like to raise.

Sam asks Tom to describe the issue. Tom states that they have been experiencing conflict with Mrs. M, the wife of a critically ill patient currently being cared for in the ICU. He describes a number of incidents where Mrs. M. had been politely asked to temporarily leave the bedside during either examinations, procedures or doctor's rounds, and that this had resulted in outbursts of aggression, verbal abuse, and a refusal to leave.

Sam acknowledges the issue Tom has described. The group agree that this is a good subject for the session. Michelle adds that she is keen for the issue to be explored, as it has become a real concern for staff in the ICU.

Sam then confirms with Tom that the purpose of the session is to explore the events and reactions associated with the aggressive behaviour of Mrs. M. Tom agrees. Sam asks for a volunteer to write down some of the points raised in the session. Helena agrees to take notes.

Sam then asks a number of open-ended questions in order to determine the exact location and context of the events Tom described, the number of people involved, and the language and body language used.

Sam asks Tom to reflect on his feelings and reactions during and after the episodes of conflict with Mrs. M. Tom states that he felt threatened and afraid. He also describes feeling helpless, and unsure of how to approach the situation without escalating the conflict. Michelle describes being close to tears, and feeling shocked and humiliated when suddenly and unexpectedly confronted with aggressive behaviour from a relative. Both Tom and Michelle also express concern about the disruption and confusion caused to other patients, relatives and staff within the ICU.

During this discussion about feelings and reactions, Sam is aware that it is important that all members of the group have an opportunity to participate, and encourages the other nurses and midwives to ask questions.

In turn, they each ask Tom a series of questions to help guide his critical thinking and allow him to examine his responses, attitudes and expectations in relation to the issue.

What does this mean to you?

Why did her response shock/upset you?

What are your assumptions/expectations about how relatives and staff should behave in an ICU?

What are your previous experiences when faced with similar scenarios?

How did other staff respond to this situation and what did this mean to you?

Tom reveals that he felt his authority and respect as a nurse had been undermined as a result of non-compliance to the unspoken rules of behaviour regarding nurses and relatives in ICU. There was an expectation, based on experience, that relatives would comply with all requests by staff, as they were being made for the good of the patient. The lack of support and consistency from the medical staff in dealing with these outbursts also made the nurses feel undervalued and undermined.

Through further questioning, Sam guides Tom to interpret the situation from other people's perspectives, allowing him to consider how different values, attitudes and expectations may have influenced reactions. Helena asks Tom if the staff were aware of the personal circumstances of Mrs M (eg. family, support systems, employment, and health). She suggests that he consider the impact these factors may have had on her reaction.

Tom acknowledges that Mrs. M. was the primary carer for the patient and that she saw this as her 'role'. He recognises that having this role taken over by others might have led to a sense of loss of control and helplessness. Michelle adds that she is aware that Mrs. M. had held a position of authority in her previous profession, and was probably not used to being told what to do. Tom acknowledges that communication between the doctors and nurses, and the doctors and the patient's wife had been poor, and that this may have contributed to inconsistencies and misunderstandings.

Sam then asks the Tom to reflect on what he has learned from the situation. Tom recognises that his expectations and assumptions about how nurses and relatives interact had been challenged. He acknowledges that this has created a feeling of loss of control amongst staff, and that Mrs. M. may be experiencing similar feelings herself, for different reasons. Tom and Michelle both agree that assimilating this new insight into future interactions with Mrs. M. might lead to a more positive outcome for all.

A number of strategies to improve future interactions are discussed. In order to give Mrs. M. a greater sense of control and involvement, Tom decides to ask the Mrs. M. if she would like to participate in aspects of her husband's nursing care (eg. bathing, brushing teeth). He suggests developing a contract with Mrs. M. that acknowledges her wishes and preferences but allows for safe patient care and respectful treatment of staff. The contract would outline suggested hours of visitation, her involvement in nursing care and the expectations and boundaries regarding her behaviour. The agreement would also include planned regular updates with the medical and nursing teams to improve communication to ensure she feels included in the decision making process.

Sue suggests that it would be a good idea to have some contingency plans, in the event that an agreement with Mrs. M. cannot be reached, or there is non-compliance to the agreed contract. Tom agrees to consider this. Michelle suggests that medical staff be included in future discussions of issues such as these, to ensure consistency amongst all staff and allow the nurses in the unit to feel supported.

To conclude the session, Sam thanks the group for attending and asks if anyone has anything further to add. The group agrees that the purpose of the session has been addressed. Sam draws the session to a close by asking group members to share something they have gained from the day's session. Helena, Lynda and Sue state that they found the session very relevant, as they often encounter difficult relatives in their areas of work. Michelle and Tom state that the session has helped them to consider the situation from the relative's point of view, and allowed them to develop some strategies for dealing with future challenges. Sam adds that the session has been a good reminder to her that a plan is needed to manage such situations rather than ignoring the issue or hoping it will just go away.

Helena hands Tom some brief notes, including strategies and steps for Tom to consider. Sam thanks Helena for the notes and thanks the group for their contribution to the session.

Sam reminds group members of the agreed boundaries of confidentiality and mentions that the Employee Assistance Program (EAP) and other support services are available, if people wish to discuss any unresolved issues.

The session concludes with the group deciding on the date, time and venue for the next session.

SCENARIO QUESTIONS

1. What helped Tom to discuss his difficult situation with the group?
2. How did Sam and other group members provide useful support to Tom during the Clinical Supervision session?
3. What factors in the incident were of most concern to Tom?
4. What steps did Tom plan to better manage this situation?
5. Where can you receive support if an incident or interaction in the workplace causes you distress?