



Delegation Masterclass- What does this look like in Practice?

22/4/2021

Crystal Rosser – Clinical Service Manager

Sadie Pinchbeck – Senior Rehab Therapist

Good Governance starts at... the beginning

Interviews:

- ④ Completion of competencies demonstrated during interview.

Inductions:

- ④ Robust induction process to ensure Support Workers are formally inducted into their role and supported.

Why do Clinical Supervision? Clinical Supervision Policy

- ④ How competencies align with Clinical Supervision, Personal Development Plan and Objectives

Model's of Learning

- ④ Proctor's Model

How does this feel in Practice? –

- ④ Sadie Pinchbeck



Interview: Competencies

Capability	Self-Assessment Score	Line Manager Assessment Score	Final Agreed Assessment (as Applicable) Score
Capability 1: [Communication]			
Capability 2: [Biopsychosocial Person Centred Care]			
Capability 3: [Evidence Informed Care, Lifelong Learning & Critical Thinking]			
Capability 4: [History Taking]			
Capability 5: [Objective Examination]			
Capability 6: [Clinical Reasoning: Pain Features]			
Capability 7: [Clinical Reasoning: Inflammatory Features]			
Capability 8: [Clinical Reasoning: Diagnosis & Management Planning]			
Capability 9: [Management: Care Planning]			
Capability 10: [Management: Prevention & Lifestyle Interventions]			
Capability 10: [Management: Activation, Self Management & Behaviour Change]			
Capability 11: [Management: Pharmacotherapy for non-IPs]			
Capability 12: [Management: Rehabilitative Interventions]			
Capability 13: [Referrals & Collaborative Working]			
Capability 14: [Management: Surgical Interventions]			
Capability 15: [Leadership & Service Development]			
Capability 16: [Education]			
Capability 17: [Digital Literacy]			
Capability 18: [Research]			
Additional Skills outside of core MSK competencies			

The competency domains and descriptors: Adapted from the Chartered Society of Physiotherapy's Physiotherapy Framework, to reflect Connect Health's multi-professional workforce

The levels of practice (1-9) have been defined by Skills for Health to reflect the key elements of the Careers Framework

Competencies continued

Capability		Self-Assessment	Line Manager Assessment	Final Agreed Assessment (as Applicable)	Relevant 'Skills for Health' Domains
Capability 1: [Communication]					Communicating, self-awareness
A	Uses a critical self-awareness of their own values, beliefs, prejudices, assumptions and stereotypes to mitigate the impact of these in how they interact with others.				
B	Listens to and communicate with others, recognising that both are an active, two-way process.				
C	Modifies conversations to optimise engagement and understanding, informed by assessing individuals' and carers levels of activation and health literacy.				
D	Adapts how they engage with others (including those with cognitive and sensory impairments) through using different verbal and non-verbal communication styles, and in ways that are responsive to individuals' communication and language needs and preferences.				
E	Conveys information and discussions in ways that avoid jargon, negative descriptors and assumptions.				
F	Demonstrates the ability to be collaborative but persuasive - ensure credibility not by dictating a plan but by identifying common ground and communicating a coherent, scientifically robust route to the goals set by the patient.				
CONTINUED					

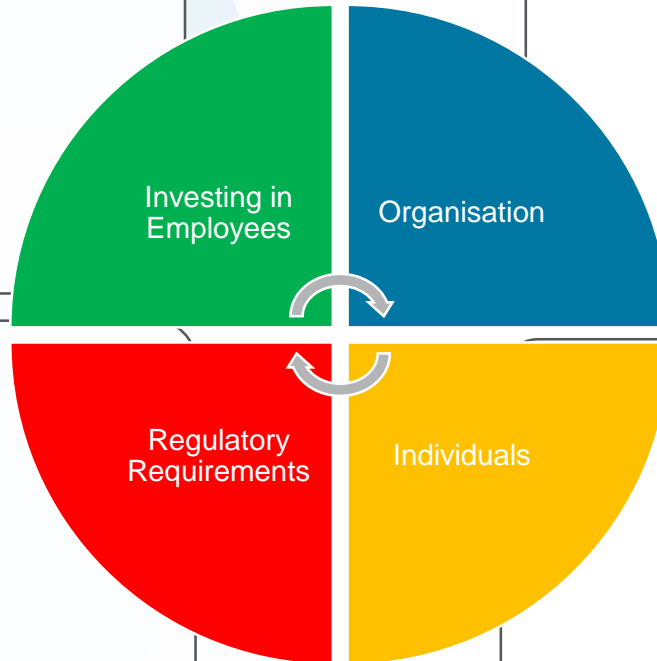
Inductions -Clinical skills & Competencies



Induction type	Clinicians	Why?
Shadowing	All relevant service lines	Awareness of roles within their service.
Joint clinics/supervision	Rehab Therapist (peer)/Physiotherapist	Intro to role and patient contact
Leading clinics/Clinical Supervision	Rehab Therapist (peer)/Physiotherapist	Observation of practice and feedback.
Competencies review, Personal Development Plan and Objectives	Line Manager	Clear direction, awareness of responsibilities and development and how this fits into the organisation's objectives.

Why do Clinical Supervision?

- Supervision is seen as **key to investing in and supporting staff** in their learning and development, welfare, recruitment and retention.
- Regular, protected time for facilitated, in-depth reflection on clinical practice. (Bond & Holland-1998, p12)
- **MEANINGFUL**



- Facilitates alignment between individual, professional and corporate objectives
- Integral to the provision of safe and effective healthcare systems
- The prevention of mistakes and problems

- Meet the healthcare regulators' standards -Requirement for employers registered by the Care Quality Commission (CQC)
- Meet professional regulatory requirements i.e. British Association of Sports Rehabilitators (BASRaT) Health and Care Professions Council (HCPC)

- Maintain proficiency standards and demonstrate competency to practice.
- Supported and developed so that they can deliver a high quality service and enhance patient care.
- Have the opportunity to discuss, reflect and review how they work.

Clinical Supervision Policy 2021

Clinical supervision:

Is a formal collaborative process between two or more practitioners of the same or different professions.

Should encourage the development of professional skills and enhanced quality of patient care through the implementation of an evidence-based approach to maintaining standards in practice. These standards are maintained through discussion around specific patient incidents or interventions using elements of reflection to inform the discussion (Care quality Commission)

Flexible Structure:

- One to one and /or *some structured facilitated group* supervision (e.g., peer)
- Uni-professional and/or multi-professional
- In person and/or virtual.
- Direct observation should be followed by reflection and feedback.

Hours:

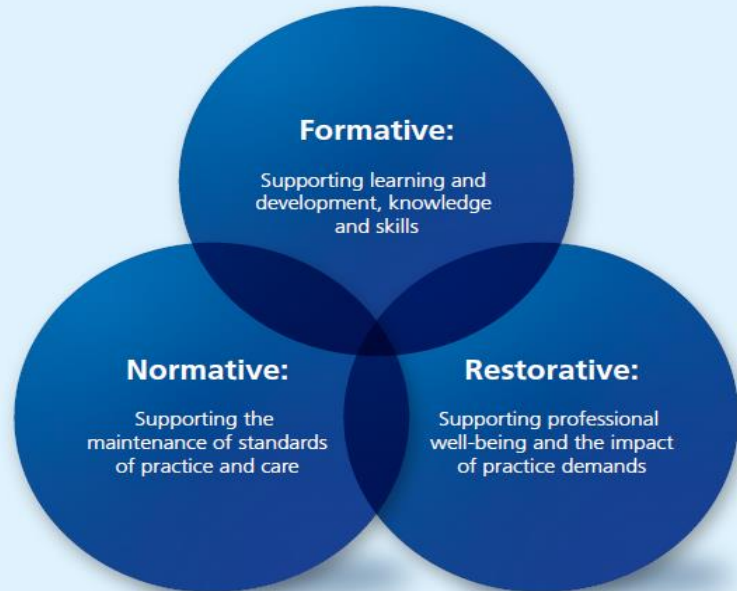
- **No less than 12 hours** of clinical supervision per annum (**not pro rata**). **Minimum of 8 sessions-** At least one session each quarter
- **At least 16% and no more than 60%** should involve direct observation of clinical practice



Models/Frameworks and requirements

- ④ Proctors Model 2001
- ④ Supervisee has correct training to support individual's learning styles and development.
- ④ Above all, dedicated time and planning.

Proctor's (2001) model of supervision



How does it feel in practice...

- ④ Empowered to work at the top of my scope of practice.
- ④ Dedicated protected time is essential and valued
- ④ Opportunities for self evaluation and discussion.
- ④ Accountability and a way to evidence.



Clinical Supervision Summary

Clinical supervision has always made me feel confident that I have the:

- ④ Skills and Knowledge required
- ④ Can safely and competently work at the height of my scope within my role and feel confident with the caseload I am delegated.



References

- ① [CSP Physiotherapy Framework May 2020.pdf](https://www.csp.org.uk/system/files/documents/2020-05/CSP_Physiotherapy_Framework_May_2020.pdf) A resource to promote & develop physiotherapy practice [https://www.csp.org.uk/system/files/documents/2020-05/CSP Physiotherapy Framework May 2020.pdf](https://www.csp.org.uk/system/files/documents/2020-05/CSP_Physiotherapy_Framework_May_2020.pdf)
- ① [Better skills, better jobs and better health - Skills for Health Sector Council](https://skillsforhealth.org.uk/?option=com_mtree&task=att_download&link_id=163&cf_id=24skills_better_jobs_and_better_health_-_Skills_for_Health_Sector_Council)
[https://skillsforhealth.org.uk/?option=com_mtree&task=att_download&link_id=163&cf_id=24skills, better jobs and better health - Skills for Health Sector Council](https://skillsforhealth.org.uk/?option=com_mtree&task=att_download&link_id=163&cf_id=24skills_better_jobs_and_better_health_-_Skills_for_Health_Sector_Council)

Thank you



CDDFT - Physiotherapy Assistant

Example of Practice Governance



Paula Carr
Marion Curtis

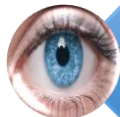
22nd April 2021



Trust Induction



Local Induction



Shadowing



Learning & Development





WASPS/Competencies



Role Specific Training



IST



Appraisals

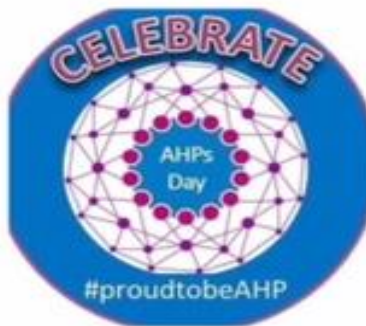


Supervision



External Course





safe • compassionate • joined-up care



www.cddft.nhs.net