LETC Upskilling Project
Literature Review – Clinical Supervision

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Aims

- To generate a list of commonly-used clinical supervision models
- To review the effectiveness of clinical supervision models (taking a very broad approach to 'effectiveness' to include any practitioner or client-related change)
- To identify the most evidence-based approaches to supervision
- To identify anticipated outcomes and impacts of supervision.

Inclusion criteria

- Participants: mental healthcare workers
- Intervention: Clinical supervision
- Outcomes: Any practitioner- or client-related information, measured quantitatively or qualitatively. Also include studies exploring perceptions and experiences of supervision
- Study setting: mental healthcare contexts
- Publication date 2000-2015
- Published in English

Methods

- Google Scholar search using the following terms:
  - 'clinical supervision' AND 'mental health', 8 results.
  - 'clinical supervision' AND 'model', 5 results.
  - 'clinical supervision' AND 'effectiveness', 4 results.
  - 'clinical supervision' AND 'effectiveness' AND 'service user', 1 result.
  - 'clinical supervision' AND 'mental health' AND 'model', 0 results.
  - 'clinical supervision' AND 'mental health' AND 'staff' 0 results.
  - 'clinical supervision' AND 'mental health' AND 'patient' 0 results.
  - 'clinical supervision' AND 'effectiveness' AND 'staff' 0 results.
  - 'clinical supervision' AND 'effectiveness' AND 'patient' 0 results.

- Prioritising systematic reviews, good quality reviews (e.g. secondary research), RCTs, qualitative papers, good quality trials etc

- Include other useful discussion papers to help identify commonly-used/key supervision models.

- Prioritise recent papers

- Include grey literature?

Results

25 articles found in total.

Models/Frameworks of Clinical Supervision


Cited by 47

No Abstract – Brief from Commissioning Organisation

The brief from these organisations was twofold:

i) To describe the competences which will be needed to supervise the high and low intensity interventions described in the Improving Access to Psychological Therapies (IAPT) programme
(which map closely to the Cognitive Behavioural Therapy (CBT) competence framework (Roth and Pilling, 2007).

ii) To develop a supervision framework applicable to the other modalities included in the ‘suite’ of therapeutic approaches for which competence frameworks are being developed (psychoanalytic/psychodynamic, systemic and humanistic-person centred/experiential).

Reviewer comments: Developed a model/framework for clinical supervision.


Cited by 676

Abstract

Presents a model of clinical supervision that focuses on the processes of assessment and intervention. The functions of supervision are examined in the fields of social work, psychoanalytically oriented therapy, counselor education, and counseling and clinical psychology. Developmental psychology, specifically stage theory, serves as the primary theoretical base of the model, which evaluates the 4 elements of the supervisory situation: supervisor, supervisee, their relationship, and the environment. Developmental issues in supervisory assessment include competence, emotional awareness, personal motivation, and professional ethics. Interventions are divided into facilitative, confrontational, conceptual, prescriptive, and catalytic types. Proposals for supervisory training in counseling and therapy are presented.

Reviewer comments: Very detailed and in depth model of supervision. Probably an important paper to be familiar with regarding clinical supervision. A bit older but seems too important to exclude.


Cited by 45

Abstract

Clinical supervision is an important tool in the development of quality nursing care. It involves a process of reflection upon practice, the aim of which is to improve clinical practices and hence improve patient outcomes. The term ‘clinical supervision’ is itself problematic in that it implies an hierarchical, rather than a nurse-centred and reflective, process. In addition there are a variety of models of supervision which range from the purely managerial to the clinical. This gives rise to confusion and in some cases suspicion, in clinicians. This paper reports on the development, implementation and evaluation of a group model of clinical supervision developed by a small team of mental health nurses in a community mental health setting. This team recognised the need for a formal clinical supervision model but was unsure as to the model which best suited their practice situation and needs. Through collaboration with a university department of nursing, this group developed its own model of group clinical supervision. This paper reports on the development of the model and its evaluation. The model was developed with a small team of community nurses and hence may not be applicable to other teams and other settings. However, the methods described may be useful as a guide to other nurses who wish to plan, implement and evaluate a model of clinical supervision in their workplace.

Reviewer comments: Developed model of group supervision rather than one-to-one – met with positive feedback from mental health staff. Small sample but still interesting to note.

Cited by 58

Abstract
Clinical supervision is of growing importance, but poor conceptualization continues to impede research and practice. We conducted a “best evidence synthesis” (empirical review) of the literature to generate an integrative summary of the concepts and models used (implicitly or explicitly) in 24 published empirical articles. Using the qualitative data from these adequately rigorous, successful manipulations of supervision, we constructed inductively a basic model of clinical supervision. That is, we proffer an evidence-based, conceptually integrative, and suitably complex model of supervision. The model features 32 contextual variables of successful supervision (e.g., administrative support), 26 supervision interventions (i.e., corrective feedback), and 28 outcomes (i.e., how supervisees learned from supervision).

Reviewer comments: Evidence-based model of supervision. Takes into account many different contextual variables and supervision interventions.


Cited by 51

Abstract
The theory of clinical supervision is poorly organized and inconsistently described in the literature, and the actual practice of such supervision is rarely addressed. This paper examines principles basic to the provision of clinical supervision across related fields within the human services, and consolidates this work into an integrated model of supervision that identifies its basic requirements. This synthesis can provide a basis for a uniform understanding of the supervisory process and its actual practice, supervisory training, and future research.

Reviewer comments: I cannot get access to the full text of this, but it sounds interesting in case anyone else can access the model.


Cited by 39

Abstract
Clinical supervision of nursing students is a key component of nursing education. The clinical setting provides students with an opportunity to develop a professional identity, knowledge base, and the ability to transfer classroom knowledge to the clinical setting. This paper suggests a model of clinical supervision that will address how to bridge the pre-existing theory–practice gap in nursing education through an attitude of caring and the utilization of caring behaviours based on Leininger’s theory of culture care. Key concepts included in this model are: communication, collaboration, application, reflection and evaluation, these concepts comprise the CCARE model of clinical supervision.
Reviewer comments: Aims to bridge gap between theory and practice. Not mental health nurses, just general health care setting but feels like a possibly important point.


Cited by 2
Not a research article; no abstract. Purpose of document:
Supervision is a key activity, which will determine the success of the IAPT programme. We are in the process of supporting the commissioning of training for all IAPT supervisors throughout the SHA regions based on a supervision framework specifically developed for IAPT (http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm ).
We recognise that as most services and training courses are now being implemented, a summary of principles of IAPT supervision is required for Clinical and Course Directors. Hence, the summary of principles and is reproduced here. It should be stressed that the standards identified are the minimum requirements and individual services may wish to organise additional supervision and support for staff.
The full version of this document provides the rationale upon which this guidance is based and provides further advice around supervision, which will detail the different forms of supervision expected within an IAPT service and the importance of issues such cultural sensitivity and how supervision can be tailored to meet the needs of clients, supervisees and the service.

Reviewer comments: Very in depth explanation about supervision and best practices.

Studies Evaluating the Effectiveness of Clinical Supervision in Mental Healthcare Contexts


Cited by 200
Abstract
Objective
Recent studies have recognised that the communication skills learned in the training environment are not always transferred back into the clinical setting. This paper reports a study which investigated the potential of clinical supervision in enhancing the transfer process.

Methods
A randomised controlled trial was conducted involving 61 clinical nurse specialists. All attended a 3-day communication skills training workshop. Twenty-nine were then randomised to 4 weeks of clinical supervision, aimed at facilitating transfer of newly acquired skills into practice. Assessments, using real and simulated patients, were carried out before the course, immediately after the supervision period and 3 months later. Interviews were rated objectively using the Medical Interview Aural Rating Scale (MIARS) to assess nurses’ ability to use key skills, respond to patient cues and identify patient concerns.

Results
Assessments with simulated patients showed that the training programme was extremely effective in changing competence in all three key areas. However, only those who experienced supervision
showed any evidence of transfer. Improvements were found in the supervised groups’ use of open questions, negotiation and psychological exploration. Whilst neither group facilitated more disclosure of cues or concerns, those in the experimental group responded more effectively to the cues disclosed, reduced their distancing behaviour and increasing their exploration of cues.

Conclusions
The study has shown that whilst training enhances skills, without intervention, it may have little effect on clinical practice. The potential role of clinical supervision as one way of enhancing the clinical effectiveness of communication skills training programmes has been demonstrated.

Practise implications
This study raises questions about the effectiveness of training programmes which do not incorporate a transfer element, and provides evidence to support the need for clinical supervision for clinical nurse specialist.

Design: RCT
Results: No evidence of transfer in control group, supervision results in improved communication skills.
Reviewer comments: Need for clinical supervision in skills transfer for mental health nurses.

http://journals.cambridge.org.ezproxy.e.bham.ac.uk/action/displayFulltext?type=1&fid=149424&jid=BCP&volum eid=31&issueno=02&aid=149423&bodyid=&membershipNumber=&societyETOCSession

Cited by 44

Abstract
The importance of clinical supervision is increasingly recognized, as is the need to demonstrate that the work we do in the NHS is effective. However, observational analyses of supervision or evidence bearing out the effectiveness of supervision are rare and narrow in focus. To contribute to the evidence base, the present N=1 content and outcome evaluation describes and then assesses the effectiveness of cognitive behaviour therapy supervision, in terms of its observed impacts on a supervisee and her patient. The supervisee was a trainee therapist participating in a diploma course in cognitive therapy. The study utilized a qualitative and quantitative content analysis methodology, based on the intensive coding of a series of 10 longitudinal, video-recorded supervision sessions, linked to the subsequent 10 therapy sessions. Based on this method, 14 supervisory themes were extracted, which served to describe the change methods employed in the supervision. The predicted transfer (generalization) of those themes from supervision to therapy was observed to occur to a surprisingly marked extent, indicating that the supervision was effective. Implications are drawn for developing supervision and related research.

Design: Single case study.
Results: Transfer of themes from supervision to therapy had a high occurrence rate.
Reviewer comments: Focus on outcomes for supervisee and patient for CBT supervision.


Cited by 81

Abstract
In recent years nursing as a whole has moved from a position of apparently little manifest concern in the issue of ‘clinical supervision’ to a veritable explosion of interest which is beginning to find
expression in the literature. Beginning with a discussion of clinical supervision from within a psychodynamically informed interpersonal nursing framework this paper reports on a small scale qualitative inquiry which aimed to explore mental health nurses' perceptions and experiences of clinical supervision. Analysis of data derived from a series of semi-structured interviews provides very encouraging early indications that mental health nurses are becoming better able to reflect upon the nature of their own formative learning needs and so to take seriously their need for professional support as they strive towards a more therapeutic relationship with their patients. However, whilst all of the participants in the study had a positive perception of the potential value of clinical supervision, there is clear evidence to suggest that their actual experience was that 'good enough supervision' was more the exception than the rule. The participants' perceptions and experiences are described and the implications for research, practice, education and the management of service delivery systems are outlined.

Design: Qualitative – semi-structured interviews.
Results: Supervision seen as positive and improves work and reflection.
Reviewer comments: A bit older but relevant - mental health nurses’ views/experiences with clinical supervision.


Cited by 90

**Abstract**

Clinical supervision is widely accepted as an essential prerequisite for high quality nursing care. This paper reports findings from a study that aims to identify the factors that may influence the effectiveness of clinical supervision for community mental health nurses (CMHNS) in Wales, UK. Two hundred and sixty (32%) CMHNS from an estimated total population of 817 completed the Manchester Clinical Supervision Scale (MCCS) and a demographic questionnaire. The MCCS is a 36-item questionnaire measuring the quality and effectiveness of the supervision received. Three-quarters of CMHNS reported having participated in six or more sessions of supervision in their current posts. Clinical supervision was more positively evaluated where sessions lasted for over one hour, and took place on at least a once-monthly basis. Perceived quality of supervision was also higher for those nurses who had chosen their supervisors, and where sessions took place away from the workplace.

These findings have important implications for the organization and delivery of mental health nursing services.

Design: Quantitative - questionnaire. Large study.
Results: Best supervision: sessions at least an hour, at least once a month, sessions away from workplace and if they could choose their supervisor.
Reviewer comments: Discusses which factors make for the best supervision. Uses same data as Edwards et al paper below.

Aims
The aim of this study was to establish the degree to which clinical supervision might influence levels of reported burnout in community mental health nurses in Wales, UK.

Methods
The research instruments used were the Maslach Burnout Inventory and the Manchester Clinical Supervision Scale. At the time of the survey 817 community mental health nurses were reported to work within Wales. Two hundred and sixty (32%) community mental health nurses working in 11 NHS Trusts responded to the survey.

Results
One hundred and eighty-nine (73%) community mental health nurses had experience of clinical supervision in their present posts and 105 (40%) in their previous posts. The findings from the Maslach Burnout Inventory indicated high levels of emotional exhaustion for 36%, high levels of depersonalization for 12% and low levels of personal accomplishment for 10% of the community mental health nurses surveyed. Univariate analysis showed that those community mental health nurses who were younger, male and who had not experienced six or more sessions of clinical supervision were more likely to report cold negative attitudes towards their clients as indicated by higher scores on the depersonalization subscale of the Maslach Burnout Inventory. One hundred and sixty-six community mental health nurses had experienced six or more sessions of clinical supervision and had completed the Maslach Burnout Inventory. Higher scores on the Manchester Clinical Supervision Scale were also associated with lower levels of measured burnout, with significant negative correlations between the total Manchester Clinical Supervision Scale score and the emotional exhaustion subscale (r = -0.148, P = 0.050) and the depersonalization subscale (r = -0.220, P = 0.003) of the Maslach Burnout Inventory. These findings suggest that if clinical supervision is effective then community mental health nurses are likely to report lower levels of emotional exhaustion and depersonalization.

Conclusions
The findings from this study suggest that if clinical supervision is effective then community mental health nurses report lower levels of burnout. Further research is required to determine the long-term benefits of implementing clinical supervision and to determine which other factors have an influence on levels of burnout for this group of nurses.

Design: Quantitative - questionnaire, not controlled. Large study.
Results: Mental health nurses without 6+ sessions of supervision are more likely to feel cold/negative towards clients. More supervision associated with lower levels of emotional burnout.
Reviewer comments: Feeling cold/negative towards clients could have implications for patient outcomes. Uses same data as Edwards et al paper above.

Examines a range of theoretical issues and the empirical evidence relating to clinical supervision in 4 mental health professions: clinical psychology, occupational therapy, social work, and speech pathology. There is widespread acceptance of the value of supervision among practitioners and a large quantity of literature on the topic, but there is very little empirical evidence in this area. To date, there is insufficient evidence to demonstrate which styles of supervision are most beneficial for particular types of staff, in terms of their level of experience or learning style. The data suggest that directive forms of supervision, rather than unstructured approaches, are preferred by relatively inexperienced practitioners, and that experienced clinicians also value direct supervision methods when learning new skills or dealing with complex or crisis situations. The available evidence suggests that supervisors typically receive little training in supervision methods. However, there is little information to guide us as to the most effective ways of training supervisors. While acknowledging the urgent need for research, this paper concludes that supervision is likely to form a valuable component of professional development for mental health professionals.

Design: Literature review.
Results: Direct supervision preferred over unstructured approaches.
Reviewer comments: Though there is little empirical evidence, it is likely that supervision is important for mental health staff.

Cited by 120

Abstract
This paper presents the findings from a survey of Finnish mental health and psychiatric nurses. The aim of the study was to describe and evaluate the current state of clinical supervision, and ascertain the levels of burnout and job satisfaction experienced by these health care professionals. Clinical supervision was found beneficial for mental health and psychiatric health care professionals in terms of their job satisfaction and levels of stress. The findings seem to demonstrate that efficient clinical supervision is related to lower burnout, and inefficient supervision to increasing job dissatisfaction.

Design: Quantitative – questionnaire.
Results: Clinical supervision is associated with lower levels of burnout and higher levels of job satisfaction for mental health staff.
Reviewer comments: Not in the UK, but similar results as UK studies – evidence from other countries suggest clinical supervision is universally beneficial.


Cited by 78

Abstract
This study aimed to assess whether clinical supervision provided by workplace-based supervisors can enhance outcomes for mental health nurses attending a psychosocial intervention education programme and the service users whom they work with. A quasi-experimental controlled design was used. The main outcome measure was student knowledge and attitudes towards individuals with psychosis and their caregivers. Secondary outcome measures for service users included the KGV (M) symptom scale and the Social Functioning Scale.
Students in the experimental group demonstrated a significant increase in knowledge of psychological interventions compared with the control group. Service users seen by the students in
the experimental group showed significantly greater reductions in positive psychotic symptoms and total symptoms compared with those seen by students in the control group. Workplace clinical supervision may offer additional benefit to nurses attending psychosocial intervention courses. Further research adopting more robust designs is required to support these tentative findings.

Design: Quasi-experimental, controlled.
Results: Clinical supervision can improve staff knowledge of interventions; service users seen by those with supervision show significant improvements compared to control.
Reviewer comments: Implications for both staff and service users.


Abstract
The Department of Health (DoH, 1.994) advocated the introduction of clinical supervision into mental health nursing practice and suggested that student nurses be prepared in what to expect from this process. The ENS (1995) supported this recommendation but has offered no guidelines on how it is meant to be implemented. This article reports on an educational initiative in which group supervision was implemented within one cohort of preregistration mental health nursing students. The students reported a number of perceived benefits: a greater understanding of the purpose and benefits of clinical supervision; skill development; the opportunity to reflect on practice; and the reduction of stress.

Design:
Results: Reported benefits: skill development, reflection and stress reduction.
Reviewer comments: Benefits of supervision for mental health student nurses .


Abstract
This paper reports on a study of the benefits reported from participation in clinical supervision by registered nurses (n=201) working in a large English community and mental health NHS Trust. It summarizes the emergent practical and theoretical ‘key ingredients’ of clinical supervision in the United Kingdom and argues that these provide a basis for generalizable research practice. The study is based on Proctor’s three function interactive model previously commended as a guide for supervisory practice and evaluation. Within this study, the three functions underpin instrument design but are also a primary focus of evaluation. The development of this instrument through semi-structured interviews with supervisors and supervisees is described. The study aims to assess and compare reported benefits in each of the three functions of accountability, skill development and support in order to examine the effects of contract use, length of experience of clinical supervision and length of service as a registered nurse on reported benefits by using non-parametric statistical analysis. The results indicate that reported benefits are experienced in almost equal proportion across each of these three functions. Statistical analysis indicates a significant positive correlation between experience of clinical supervision and its reported benefits. An inverse correlation is reported between length of service and overall benefits; however, no similar reduction over time against normative benefits was found. There was no relationship between contract use and reported benefits. Limitations of the study are discussed with reference to bias, interview transcription and
overlap between the three functions. The paper concludes that nurses report clear benefits from clinical supervision in each of the three functions. This validates the three function interactive model and demonstrates that clinical supervision is used to critically examine and change nursing practice. The content and usage of contracts is identified as an aspect that merits further study.

Design: Qualitative – Semi-structured interviews. Thematic analysis.  
Results: Three functions – accountability, skill development and support. All three found to be equally important. Positive correlation between experience of supervision and benefits.  
Reviewer comments: Uses three factor model to evaluate – could be beneficial to become familiar with it.

https://opus.lib.uts.edu.au/research/bitstream/handle/10453/12822/2008000703ok.pdf?sequence=1  
Cited by 119  

Abstract  
Objective  
Clinical supervision (CS) is attracting attention in the Australian nursing context with efforts underway to embed CS into mental health settings and to extend it to the general nursing population. The purpose of this paper is to review the available evidence regarding the effectiveness of CS in nursing practice in order to inform these efforts.

Method  
Relevant literature was located by first accessing research articles in peer-reviewed publications that related to CS and nursing. A total of 32 articles were retrieved. In selecting articles for review, the following criteria were then applied: the article reported an evaluation of the effectiveness of CS; the participants in the study included qualified nurses (not students or generic health care workers); the approach to CS was clearly described; and, the method of data collection and analysis, either quantitative and/or qualitative, was explained in detail.

Results  
Of the 32 studies identified in the literature 22 studies met the inclusion criteria. One feature that differentiated the studies was research method, for example, pre-post design; and, articles were initially grouped by method. The reported outcomes of the studies were then categorised according to Proctor’s three functions of CS. The results of the studies demonstrated that all three functions, restorative, normative and formative, were evident. The restorative function was noted slightly more frequently than the other two functions.

Conclusions  
There is research evidence to suggest that CS provides peer support and stress relief for nurses (restorative function) as well a means of promoting professional accountability (normative function) and skill and knowledge development (formative function).

Design: Literature review.  
Results: Suggests clinical supervision offers social support for staff as well as promoting accountability and skill/knowledge development.  
Reviewer comments: Not UK.

Cited by 122

**Abstract**

In 2005 the British Association for Counselling and Psychotherapy (BACP) commissioned a systematic review of the research evidence related to the impact of supervision on counsellors and psychotherapists, their practice and their clients. This paper reports on some of the findings of this review, specifically from articles published in this area since 1980. Detailed inclusion and exclusion criteria were agreed. EPPI-Reviewer software was used to organise and analyse the articles that met the inclusion criteria. This article reviews 18 individual published studies. The quality of evidence is variable, but supervision is consistently demonstrated to have some positive impacts on the supervisee.

**Design:** Literature review.

**Results:** Consistent trend of positive impact on staff.

Reviewer comments: Uses older articles.


Cited by 66

**Abstract**

This study investigated the effectiveness of large group supervision, small group supervision, and combined group and individual supervision with counseling students. Sixty-four participants in a master’s-level practicum were divided into 3 treatment groups that received supervision over 10 weeks. Using a pretest/posttest method, counselors were rated on growth in effectiveness and development according to self-report, supervisor, client, and objective rater responses. Analyses of covariance revealed that all supervision formats resulted in similar progress in counselor effectiveness and counselor development. Large group supervision produced a significant result on the factor Autonomy/Dependency. However, participants showed a marked preference for individual feedback and supervision.

**Design:** RCT.

**Results:** Supervision in small groups, large groups and combined groups show similar levels of development/effectiveness. However, participants indicated a preference for individual feedback and supervision.

Reviewer comments: Discusses effectiveness of different supervision settings.


Cited by 110

**Abstract**

**Objectives**

A systematic review was undertaken of studies that have assessed objectively the impact of supervision and consultancy. As well as gauging effectiveness, we examined the methodological rigour of these studies.
Method
Twenty-eight empirical studies of the change processes occurring between participants within the educational pyramid, 'consultant → supervisor', 'supervisor → supervisee' and 'supervisee → patient', were analysed. The inclusion criteria also required that supervision was analysed under field conditions and there were objective measures of learning outcomes. Each study was analysed by reference to an evaluation manual, with two independent raters obtaining satisfactory reliability.

Results
Studies meeting the above criteria came mainly from the intellectual disability specialty and included many studies using cognitive-behavioural methodologies. The studies included in this sample had more rigorous methodologies than those reviewed by Ellis, Ladany, Krengel, and Schult (1996). The findings of the review suggested that the pyramid approach benefited patients. Closely monitoring the supervisee, modelling competence, providing specific instructions, goal setting and providing contingent feedback on performance were the dominant methods of supervision and were associated with benefits to supervisees.

Conclusion
Despite the large body of literature on supervision, there have been relatively few empirical investigations of the educational pyramid. This work identified a number of studies with good methodological rigour, although these too often failed to provide adequate background and assessment details regarding each of the members of the pyramid, particularly the consultant. The results of cognitive-behavioural supervision were found to be positive.

Design: Literature review.
Results: Pyramid approach benefitted patients; monitoring the supervisee, modelling competence, providing specific instructions, goal setting and providing contingent feedback on performance benefitted supervisee.
Reviewer comments:

Studies Evaluating the Effectiveness of Clinical Supervision in Physical Healthcare Contexts


Cited by 32

Abstract
The objective of this study was to explore whether there were differences in organisational setting and professional intervention between health professionals who, after 1 year of education, and ongoing supervision for all together 30 months, started obesity treatment and those who did not. Furthermore to analyse what factors facilitate the start of obesity treatment. One hundred and seventy-one health professionals from different parts of Sweden were included in the education. One hundred and thirty-five health professionals remained in the study for up to 2.5 years. Eighty-seven subjects started the obesity treatment program, whereas 48 subjects had no possibility to start treatment. Significantly more of those who started the behavioural treatment program had previous theoretical education and clinical experience of obesity. They also, to a greater degree, had a go-ahead from the management and support from physicians, colleagues and were more likely to be part of a team or had a colleague to work with. In addition, they could find the time to organise and plan the treatment. Supervision had a significant positive influence on starting up the treatment.
program. Education, working organization, a structural behavioural treatment program, seems to be significant factors in facilitating and increasing the likelihood for a start.

Design: Quantitative – questionnaire.
Results: Supervision
Reviewer comments: Evaluates communication skills training with and without supervision. Physical not mental health, not UK.


Cited by 138

Abstract
Aim
To assess the effects of clinical supervision and informal support on qualified nurses.
Rationale. Earlier small-scale research studies have provided conflicting evidence about the impact of clinical supervision, hence the need for this larger-scale study.

Design
Survey design drawing on an opportunity sample of 211 qualified nurses from 11 randomly selected hospital and community NHS Trusts in one region in England. Quantitative data collection used the Maslach Burnout Inventory (MBI) and the Nursing in Context Questionnaire (NICQ), while qualitative data were based on written critical incidents. The analysis compared supervized with unsupervized nurses.

Findings
The critical incident analysis revealed that supervized nurses continued to use informal support networks as well as their supervision sessions to discuss clinical issues. The MBI found no significant differences in levels of burnout between supervized and unsupervized nurses. However, the NCIQ detected some statistically significant differences, with supervized nurses reporting a more listening and supportive management, coping better at work and feeling that they had better access to support than unsupervized nurses. Closer analysis found that this positive finding was particularly strong among the more junior supervized nurses.

Conclusion
Where resources are limited, it is better to concentrate on providing clinical supervision to more junior grades of nurses as a valued form of support during their early years as qualified practitioners.

Design: Quantitative - questionnaire.
Results: If resources are limited, it’s better to focus supervision on more junior nurses. Overall trend of supervision as a positive influence.
Reviewer comments: Non-mental health context, but interesting to note.


Cited by 82

Abstract
Clinical supervision has become an established part of nursing. Implemented in various different ways it has attracted attention from the research, educator and practice communities. The literature reported and analysed in this paper describes work that may benefit professional practice but there
continue to be questions about application and method. Two new messages arise from the literature. The first underscores the responsibility of health care organisations to sustain and develop clinical supervision and the second points to the potential benefit that clinical supervision may have on patient outcomes.

Design: Literature review.
Results: Suggests patient outcomes benefit from staff clinical supervision.
Reviewer comments: Not mental health, but there are very few papers that mention patient outcomes.


Cited by 89

**Abstract**

We describe training in CBT techniques for 20 palliative care practitioners delivered as 12 days' equivalent teaching plus skills-building supervision over a six month period. Audiotapes of trainees' interactions with patients during their usual work were rated using a specially devised 'Cognitive First Aid' rating scale (CFARS). The CFARS was highly internally consistent (Cronbach's Alpha 0.93) and inter-rater reliability was high. Trainees showed significant gain in CBT skills competency over six months (p=0.001). After initial training, half the trainees were randomised to discontinue supervision; their measured CBT skill dropped as did their self-reported confidence when reassessed six months later, whereas those who continued in supervision gained further skill and maintained confidence (p=0.007). Palliative care practitioners can be trained in CBT skills by a simple and brief training course and supportive, skills-building supervision. These skills are compatible with national guidelines on delivery of psychological support to patients at all stages of cancer. Supervision is necessary to ensure maintenance of skills and confidence to use them.

Design: RCT
Results: CBT skills and self-reported confidence lower for those without supervision.
Reviewer comments: Shows supervision is necessary for maintenance of skills.