



Resilience-Based Clinical Supervision

A FoNS facilitated programme, which aims to support the health and well-being of learning disability and mental health student nurses



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Health Education England

Introduction

The Covid-19 pandemic has created extraordinary challenges for the NHS and care sector. All health and social care professionals, including students are delivering care in complex, demanding and stressful circumstances, enhancing their need for support. During the pandemic, associated workforce issues have seen student nurses opting in for extended paid placements. It is very likely that they may have and continue to face issues they have not confronted before, meaning that they will also need extra psychological and emotional support in addition to clinical support.

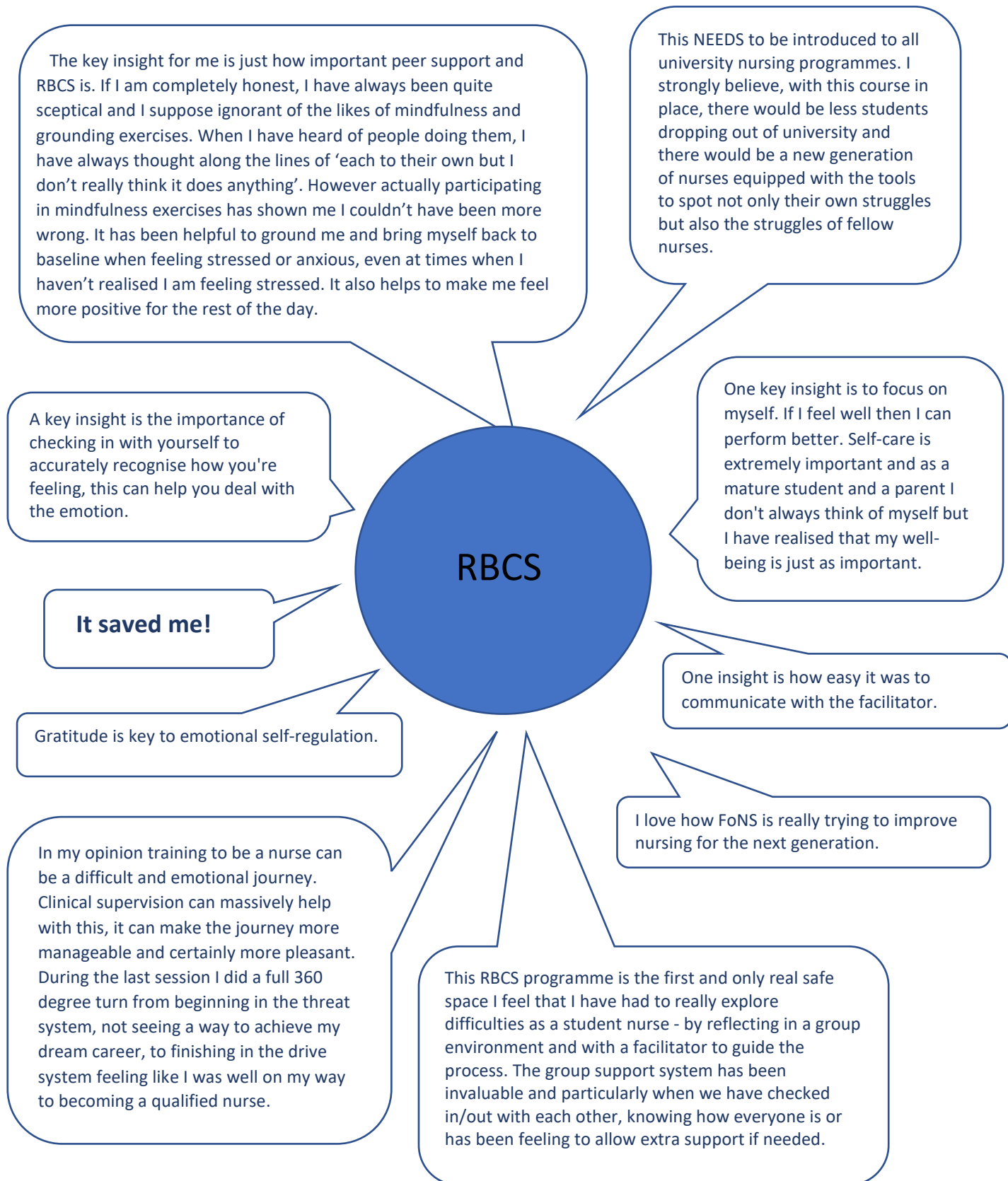
FoNS works with registered nurses and nurse-led teams in partnership with health and care providers across the UK. Until we were approached by Health Education England (HEE) in 2020 to develop a programme of Resilience-based Clinical Supervision (RBCS) for a group of Learning Disability and Mental Health student nurses, we hadn't worked specifically with undergraduate nurses. HEE commissioned the programme for second and third year pre-registration nurses from a wide geographical spread across England. Up to twenty-four students were invited to attend a five-hour masterclass followed by four RBCS sessions facilitated by FoNS Practice Development Facilitators. The programme's aspiration was to enable student nurses to experience RBCS and develop the necessary knowledge, skills, and confidence to become peer facilitators in the future, to support other student nurses.

This report summarises the programme offered. It captures participants' experiences of engaging in a structured clinical supervision programme virtually.



During the evaluation, participants shared their key messages for the programme below:

Participants Key Messages



Background Context

Covid-19

2020 was appointed as the International Year of the Nurse and Midwife by the World Health Organisation. It certainly was and for a variety of reasons, notwithstanding the global mobilisation of the health and social care workforce and volunteers to respond to the Covid-19 pandemic. Nursing and midwifery, as well as the undergraduate workforce, were catapulted to the forefront of the global response and post pandemic recovery. Understandably, this has had a significant impact on the well-being of staff. A [Nursing Times Survey \(2021\)](#) found a 10% increase in health and social care nurses reporting their mental health and well-being as 'bad'.

The impact of Covid-19 has been far reaching and has also been significant on the student workforce. Alternative arrangements for learning were made and some had to make the hard decision about paid placements. In 2020, the Reducing Pre-registration Attrition and Improving Retention Implementation Programme (RePAIR I.P.) were asked to consider the [Impact of COVID-19](#). Stress and self-doubt were two significant themes for student nurses and 37% of nursing undergraduates stated that they had considered leaving their programme. Concerns about these findings were acknowledged by HEE. FoNS would like to take this opportunity to thank HEE and our Chief Nursing Officer Ruth May for supporting the RBCS programme as part of the overall effort to reduce attrition of our undergraduates and early career nurses across the four fields of nursing.

National Agenda – Well-being and Retention

As health and social care professionals, we have a responsibility and a duty of care to our colleagues to ensure our well-being is nurtured and protected. The importance of this is evident throughout various national agendas. Mental health and well-being are a priority for [England's Chief Nursing Officer](#). It is also noted in the new NHSE/I [People Plan](#). It was highlighted as a core theme by the King's Fund [Courage of Compassion](#) report in 2020.

In May 2021, the Tropical Health and Education Trust (THET) published a paper reflecting on a powerful virtual conference [Partnerships in a Time of Covid-19](#). Protection of health workers featured at the top of this report and one key message stated: '*We must build well-being and compassion into health workers' own practice and resource this properly*'.

If the above weren't enough to persuade us of the need to look after one another, NHS Employers published the [Workforce Health and Well-being Framework](#) in 2018 that prioritises reflective practice, mindfulness, and resilience training. Additionally, in May 2021, the Royal College of Nursing (RCN) published their Workforce Standards which includes clinical supervision as part of the various recommendations (RCN, 2021).

For the Government and the Department of Health and Social Care (DHSC), recruitment and retention of staff is a top priority. In November 2020, the DHSC announced that they intended to increase the nursing workforce by 50,000 ([DHSC, 2021](#)). Retention is also key to maintaining appropriate workforce levels. It has significant cost savings, with the initial [RePAIR](#) report estimating the cost of attrition for one healthcare student was around £13,875. Staff well-being and workplace culture are acknowledged to impact on staff retention. In November 2020, [HEE](#) announced an increase in funding to develop the both the workforce and learners too.

Health Education England

HEE are working to prioritise the health and well-being of students in a number of different ways. This includes the RePAIR workstream which helps to identify key areas of stress for students, as well as ways of providing

effective support. HEE are listening to students both nationally and regionally, enabling them to offer support to address areas of concern now and in the future.

One of the main reasons to commission this piece of work was a desire of HEE to identify new ways in which they can support student nurses, whilst also equipping them with skills that will help them to grow and develop personally and professionally throughout their career.

FoNS

This is where FoNS comes into the picture. FoNS is an independent charity that focuses its energies, knowledge and expertise around compassionate, person-centred leadership and reflective and person-centred practice to support nurses and their teams at the point of care. To achieve this, during the Covid-19 pandemic, FoNS adapted their delivery methods to include online platforms and expanded their team of Associate Facilitators. Prior to 2020 RBCS was facilitated face to face. Whilst this is the preferred method of facilitation, it was just not possible. Developing the programme into shorter modules, delivered over a longer time period, allowed it to be continually evaluated and finessed.

Clinical Supervision

Clinical supervision, as a supportive or restorative approach, can nurture the well-being of staff through the facilitation of reflective practice, debriefing and the development of strategies to recognise and address workplace stressors ([Martin and Snowdon, 2020](#)).

UK-wide, the Nursing and Midwifery Council (NMC) and the RCN have agreed to explore the evidence and literature advocating for clinical supervision. Lack of understanding and a negative attitude towards clinical supervision are significant barriers to registered staff engaging with clinical supervision ([Koivu et al., 2011](#)). Introducing clinical supervision during pre-registration nursing would increase understanding and prepare students to make use of clinical supervision throughout their career (Cutcliffe et al., 2001). In turn, this may increase the likelihood of students and nurses seeking and continuing to benefit from it in the future ([Severinsson et al., 2014](#)).

Resilience Based Clinical Supervision

RBCS is a unique form of clinical supervision which focuses on the emotional regulatory systems motivating a response to a work situation or difficulty. It includes elements of mindfulness-based exercises and reflective discussions with a view to enhancing well-being, resilience and improving patient care. It is underpinned by the principles of compassion focussed therapy (Gilbert, 2010).

This model recognises that developing resilience is not just an individual responsibility. Systems and organisations also have a responsibility to support and prioritise these activities ([Stacey et al., 2020](#)). RBCS aims to develop a supportive forum helping to increase an individual's ability to respond positively to the emotional and physiological demands of their role.

Whilst RBCS was originally developed to support student nurses through the transition to registered practitioner ([Stacey et al., 2017](#)), it is an approach which is relevant to any member of the health or social care workforce as they are all influenced by the emotional consequences of personal, relational or organisational demands, for example, student nurses, nurses, allied health professionals, nurse associates and care workers.

RBCS is a facilitated reflective discussion, characterised by:

- Co-creating a safe space
- Integrating mindfulness-based stress-reduction exercises
- Focusing on the emotional systems motivating our response to a situation

- Considering the role of our internal critic in sustaining or underpinning our response to a situation
- Maintaining a compassionate flow to self and consequently to others

Evaluation of the impact of RBCS suggests that it helps and supports individuals to develop resilience-based competences. These competences enable individuals to:

- Recognise and attend to workplace stressors and their emotional response to them
- Increase their ability to respond positively by developing more effective strategies
- Develop an increased awareness of the importance of self-care
- Question organisational practices which impact negatively on the well-being of themselves, others and people who use services

RBCS is supportive of the increasing evidence base prioritising staff well-being within organisations, which is strongly linked to good quality care outcomes and patient experience (Sizmur and Raleigh, 2018).

About this Programme

The programme aimed to provide nursing students with the following:

- Awareness of the theory underpinning RBCS
- Support in a safe, reflective space
- Development of strategies for coping with the emotional and physiological demands of the role (grounding, identification of emotional regulation systems, awareness of the critical voice, positive reframing, and solution focused methods)
- Engagement in a participatory evaluation, increasing awareness of research methods and evidence-based practice

The recruitment and commencement of the programme fell within the second national Covid-19 lockdown. HEE supported the recruitment of participants via established networks such as the Council of Deans, Learning/Intellectual Disability Nursing Academic Network (LIDNAN), and the National Mental Health/Learning Disability Nurse Directors Forum. There was careful consideration in ensuring equitable representation where possible from across all HEE regions within England (East of England, London, Midlands, North East and Yorkshire, North West, South East and South West).

The programme involved:

- Recommended pre-work (up to 1 hour)
- Session 1 – a RBCS masterclass focussing on both the principles underpinning RBCS and the practice of RBCS (5 hours)
- Sessions 2-5 – FoNS facilitated virtual RBCS sessions (2 hours each)

The total commitment from each participant was 14 hours, including pre-work, masterclass, reflection and evaluation.

During session 5, students undertook a participatory evaluation to reflect on their experience of the RBCS sessions. It also gave opportunity for all those involved to share their gratitude with each other.

Participation in the programme has supported students in the following criteria relating to [NMC competencies](#):

- Clinical supervision allows students to ensure that they are practicing in a holistic, non-judgemental, caring and sensitive manner.
- Clinical supervision supports adherence to the NMC code of conduct professional standards.
- RBCS involves a process of alleviation and prevention whereby the practitioner is encouraged to pay attention and to apply reasoning to behaviours and responses towards situations or each other. Awareness of this can support communication with both service users and colleagues.
- This process can result in development of competencies (continuing professional development) that enables them to regulate their response to threat and monitor their own well-being resulting in increased self-awareness.
- Engagement in clinical supervision allows for continual professional and personal development and encompasses learning from experience, feedback, reflection and evaluation.

Masterclass

The RBCS masterclass was facilitated virtually using Zoom by three FoNS facilitators on the 8th January 2021. This was open to up to 24 second and third year Mental Health (MH) and Learning Disability (LD) student nurses. In total, 19 students attended the masterclass, 52.6% were MH and 47.4% were LD students. Four participants were unable to attend last minute due to university timetabling; one student did not attend and gave no reason.

The aim of the masterclass was to explore the RBCS model and underpinning theory to enable participants to gain knowledge and initial skills in:

- Creating a safe space agreement
- Grounding exercises
- Supporting participants to identify and explore emotions underpinning their response
- Using the emotional regulation circles to promote reflective discussion
- Encouraging compassionate flow within the group

Evaluation of the Masterclass was undertaken via a series of questions using Survey Monkey.

Masterclass Evaluation Findings

There was an 89% response rate to the questions on Survey Monkey. The questions asked were:

- What has been your key learning from the RBCS Masterclass?
- What new insights have you gained from today's Masterclass?
- What aspects of the Masterclass could/should have been done differently and why?
- What are your support needs as we move into the smaller group RBCS sessions and how do you think these can best be met?

There was considerable crossover between the answers to the first two questions of the survey; consequently, these responses have been considered together.

manage and deal with situations better

healthier ways of coping with difficult situations

you are never alone in what you are going through

how to manage uncomfortable situations and the ability to manage my emotions when I feel under pressure even if I don't feel calm and confident

I really need to tame my critical voice

focus on myself more

feel supported by listening to others' experiences and advice as well as sharing my own, in a non-judgemental environment

realising my limitations

The key learning for nine participants related to the structure of RBCS and the three emotional regulatory systems. This was mostly mentioned in terms of the *'what, why and how of resilience and practising positive thinking'*, though a couple went on to talk about how it would impact on them personally by *'allow[ing] [them] to manage and deal with situations better'*. One student described *'healthier ways of coping with difficult situations'*, and two others talked about the importance of resilience for students.

Five students mentioned that (across the first two questions) what was important was being able to *'listen and engage in conversations with others on a topic like this'*; *'you are never alone in what you are going through'*. Mindfulness was mentioned by three students.

Ideas relating to confidence, confidence building, and self, featured strongly for some students (n=6). For example:

- *'How to manage uncomfortable situations and the ability to manage my emotions when I feel under pressure even if I don't feel calm and confident'*
- *'That I really need to tame my critical voice'*
- *'To focus on myself more'*

Eleven students were very happy with the Masterclass and made no suggestions for improvements. Of the remaining six, two asked for smaller group work and two asked for longer breaks. One specified that when splitting into smaller groups they would prefer to be with people from other universities (not their own) and the final student asked for more structure but did not specify in what way.

Twelve students felt their needs were and would be met. There was one more mention of smaller groups and one of longer breaks. The final three said:

- *'To be able to feel supported by listening to others' experiences and advice as well as sharing my own, in a non judgemental environment'*
- *'Realising my limitations'*
- *'Continuing to ensure full group participation'*

Reflective Sessions

Following the RBCS Masterclass a series of four reflective sessions were facilitated in four smaller groups of four or five. Refer to Appendix 1 for details of themes, activities, and attendance for each session.

Each session involved a 'check-in' and 'check-out' activity using the weather (see Appendix 2). The purpose of the check-ins is to focus on the feelings and emotions participants are bringing to that session. This helps to set an agenda for the reflective discussion and provides a self-evaluation for the check-out determined by changes in feelings throughout the session.

Figures 1 and 2 show the emotions shared on the commencement of the first session compared to the end of Fourth session. Overall, the emotions expressed by participants indicated that a high percentage of both the MH and LD students felt more positive after engaging with the sessions.

Figure 1: Mental Health Check-In vs. Check-Out

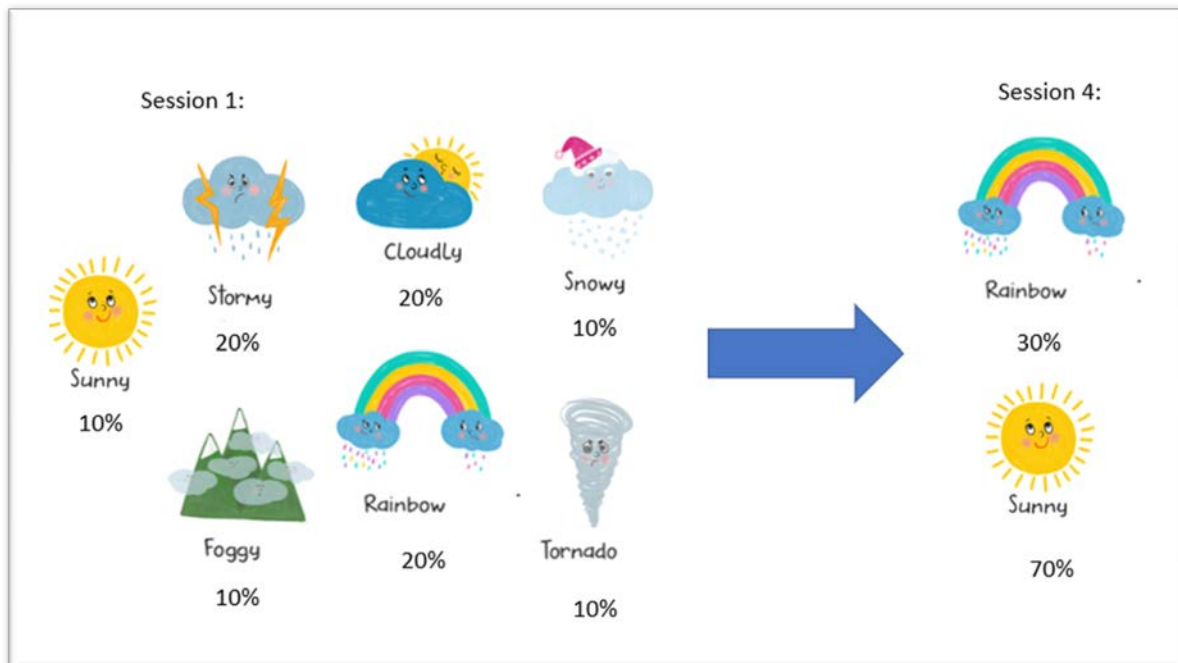
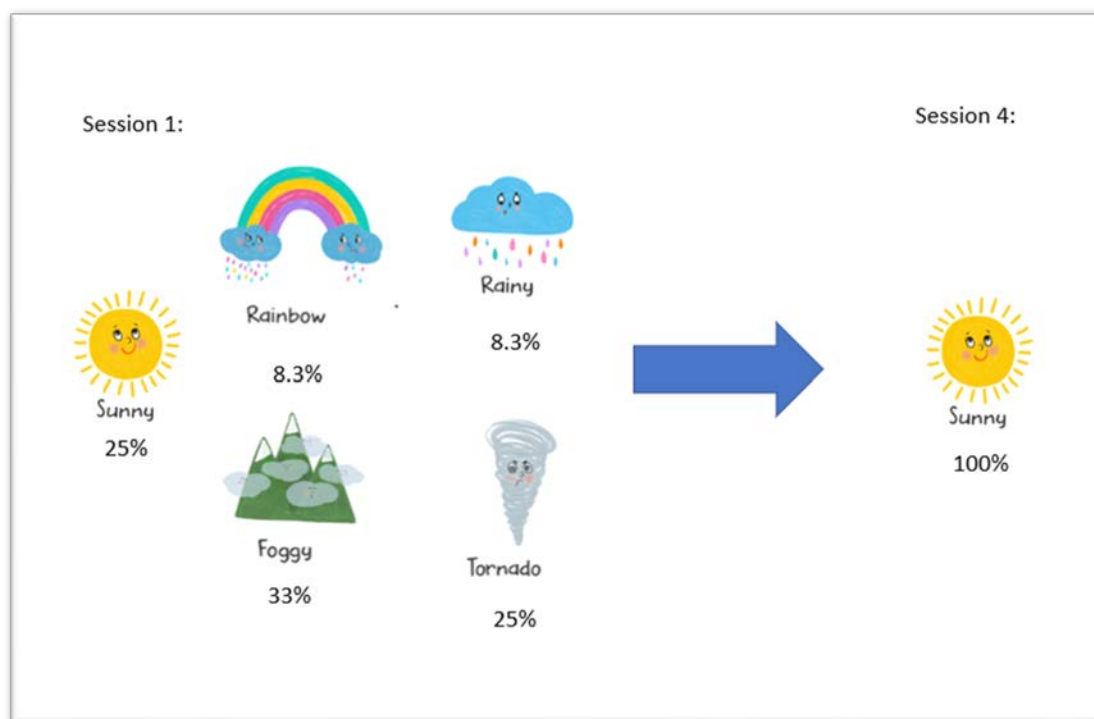


Figure 2: LD Check-In vs. Check-Out



To evaluate the RBCS programme we followed the process of participatory evaluation [Odell \(2018\)](#) used. This was adapted to take into consideration the use of a virtual space. Students were also provided with some direction in the form of questions to aid their engagement (see Appendix 3).

At the beginning of the final session both MH and LD student groups participated in a check-in and undertook a mindfulness activity. Each participant then completed a series of evaluation questions independently using Survey Monkey. Responses were anonymously transferred onto Google Jamboard (<https://jamboard.google.com/>). Each group reviewed and themed the collective responses independently of the facilitators. This provided an opportunity for participants to share and appreciate people's responses.

Both groups then came together and input the collective themes into a Mentimeter word cloud (<https://www.mentimeter.com/>) which highlights the significant themes that emerged.

Themes for MH can be seen in Figure 3 and for LD in Figure 4.

All the students were invited to review the outcomes of this report following the last session.

Figure 3: Mental Health Evaluation Themes

FoNS RBCS MH Evaluation Themes

Mentimeter



Figure 4: Learning Disability Evaluation Themes

FoNS RBCS LD Evaluation Themes

Mentimeter



Our Gratitude

Students shared their gratitude and thanks for being part of the programme and to each other during the participatory evaluation on 26th March 2021. This was collected on a Padlet gratitude virtual wall (<https://padlet.com>).

padlet
gasflescope + 14 * 1mo
Gratitude Virtual Wall
#FoNSStudents2021

Creativeness
Nurses coming together to creatively introduce a course that helps with confidence and resilience.

Empathy and compassion
caring , warmth

Commitment
Thankful

Given tools and resources to help with my development

Being listened to & shown compassion and care
Commitment from everyone

Grateful for the opportunity to discuss and share experiences with like minded future nurses

Kindness shown to each other

Facilitators were incredible. Thank you for your help and support

I want to say a thank you. For support from everyone through my journey. I am thankful and grateful to have met such kind people, that listen and understand.

I want to say thank you for openness, honesty, kindness and respect from everyone.

Genuineness & real interest
No feeling alone in my experiences

Share feeling in a safe space

Advice

Listening

Insights from other students

belonging within the group

Compassion

Safe space to be who we are

Support

Pride in our profession

Joyful connections and shared experiences

Realising others have the same emotions and feelings

Comfortable to share

Kindness and support from others

Openness and honesty from the group

Safe space to reflect and share

A given opportunity and safe space to connect with others who face similar things

Belonging

gratitude
I am extremely grateful and feel honoured to have learned so much as part of a group as fab as this one.

Grateful for the opportunity and support.

Positive and inspiring facilitators

Kindness and compassion within the group

Trust

Open & honesty

Meeting students in the same position as myself

Connection

Support

RBCS Programme Key Messages

- Belonging/connection, a sense of community with a safe space to explore feeling and emotions were ranked highly by the students as a significant outcome from this programme
- The programme allowed students to explore their personal and professional values with their peer group
- Prior to participating in the RBCS programme several participants were seriously considering leaving their nursing programme. Reasons included incongruence between expectations and reality of the nursing programme; impact of Covid-19 on placement opportunities; and distance learning leading to peer isolation and impact on mental health and well-being
- The students who took part in the programme had very limited knowledge and experience of clinical supervision. Most participants had only experienced 1:1 supervision by an assessor whilst on practice placement. While 1:1 supervision is an essential component of practice assessment, it is very different to clinical supervision. Students are now seeking out further opportunities to continue their new learning and experience from RBCS
- Participants felt that undergraduate curricula should include clinical supervision theory and practice
- A large proportion of participants found it challenging to record the RBCS participation as practice hours with their respective universities. Clinical supervision should count towards meeting practice competency hours. This should be reflected in the [Practice Assessment Documentation](#) (PAD). This will also support students in the future when revalidating
- As part of the programme students had an opportunity to share their experiences from practice and experiences from RBCS with the NMC through the Professional Strategic Advisory Group (PSAG). This was the first-time undergraduates had been invited to share their experiences of clinical supervision with this group

Professor Geraldine Walters, Executive Director of Professional Practice, NMC said:

'We are impressed by the efforts of the Foundation of Nursing Studies and others to support, promote and evidence the benefits of clinical supervision. We were delighted to hear from the students who shared their experiences at our Professional Strategic Advisory Group. Effective clinical supervision plays a key part in preceptorship and revalidation.'

These amazing students came to us with a variety of life experiences and most did not know one another. It all happened via Zoom and the connections were emancipatory at times. It enabled us to see the possibilities of facilitation online and how powerful the experience is, even though no one had met in person.

Summary and Next Steps

A predominant theme identified by both MH and LD students was the importance of **connection**. Participants had had limited connection during the pandemic and identified the RBCS sessions as a **safe and non-judgemental space** which provided **peer support** and connection to others with similar experiences. Key learning for students was an **increased self-awareness of their emotions, reflection, mindfulness and challenging of their inner critic**. Students identified that these resulted in **increased confidence**, a positive impact on their **well-being**, enabling them to remain on their course, **thereby reducing attrition**.

A key insight identified by participants is that **clinical supervision should be more readily available** in practice as well as being **part of the curriculum** to improve nursing practice. Some students were able to easily get the programme **counted as practice hours** however other higher education institutions required further information and discussion with FoNS facilitators before agreeing. To note, this issue is currently being considered by the NMC and there are discussions around what can be counted as practice hours.

Students planned to continue using techniques such as **mindfulness, awareness and challenging of the inner critic, positive reframing** and creating **safe space** agreements following the sessions. Some participants planned to use the model to **facilitate their own clinical supervision/debriefing sessions with peers**. One participant, who had recently registered, planned to implement aspects of RBCS in the ward where they are currently based.

FoNS has presented this work to HEE's Nursing and Midwifery Development Board; the NMC's Professional Strategic Advisory Group; and England's Chief Nurse Health and Well-being Advisory Group.

HEE intend to build on this programme and continue to find new and effective ways to support students recognising that they are the future of the nursing profession.

Acknowledgments and thanks from FoNS' CEO Joanne Bosanquet

Most importantly, we thank every undergraduate and postgraduate student nurse for making the decision to become a nurse. It is the most rewarding career and the importance of caring for one another has never been so important. You are the next generation and we will do our best to support your journey.

Thank you to all our programme participants. We hope your experience has been as life changing as it was for us. You are now alumni of FoNS and are welcome back anytime.

We would like to thank everybody who welcomed us with open arms during the last 15 months, especially colleagues in England's Chief Nursing Officer's team, Health Education England's national nursing leadership team, the NMC, RCN, and of course the Florence Nightingale Foundation's Clinical Supervision Subject Expert group who invited FoNS to become members in May 2021.

Finally, without the support and guidance of FoNS' Trustees and brilliant team, we wouldn't be here. Thank you for working tirelessly, for steering us out of the pandemic and making us stronger for it. We know our [why](#).

This programme could not have been possible without the advice and support from:

Ellie Gordon, Senior Nurse Learning Disability and Mental Health, National Nursing and Midwifery Directorate, Health Education England.

A huge thank you to the Mental Health and Learning Disability nursing students who have participated in the RBCS programme through the Masterclass, RBCS Sessions and the Participatory Evaluation:

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Jo Dickens	Janine Scott
Sarah Doyle,	Claire Shaw
Daniel Gaughan	Chantelle Stone
Amy Green	Lorna Woods
Lincoln Gombedza	Treasure Williams

Appendices

Appendix 1: Key Themes/Activities

Group 1 (Mental Health)

	Session 2: 15/1/21	Session 3: 5/2/21	Session 4: 5/3/21	Session 5: 26/3/21
Attendance	5	4	5	5
Reasons for non-attendance		Unwell		
Themes	<ul style="list-style-type: none"> • Safe space • Covid • Connection • Self-care • Student transition from remote learning back to placement • Emotional regulation systems 	<ul style="list-style-type: none"> • Critical voice • Positive reframing and reflection • Self-care, being true to yourself- belonging use of language • Managing expectations of self and others • Covid • Emotional regulation systems • 	<ul style="list-style-type: none"> • Connection • COVID • Control • Gratitude • Challenging inner critic, strengths, Self-gratitude • Positive affirmations • Emotional regulation systems 	<ul style="list-style-type: none"> • Participatory evaluation

Group 2 (Mental Health)

	Session 2: 15/1/21	Session 3: 5/2/21	Session 4: 5/3/21	Session 5: 26/3/21
Attendance	4	4	4	4
Reasons for non-attendance	COVID in household	Called into work		
Themes	<ul style="list-style-type: none"> • Safe space • Connection • Breaks - link toxic workplace • Covid impact 	<ul style="list-style-type: none"> • Critical voice • Positive reframing and reflection 	<ul style="list-style-type: none"> • Connection • COVID • Control • Gratitude 	<ul style="list-style-type: none"> • Evaluation

Group 3 (Learning Disability)

	Session 2: 15/1/21	Session 3: 5/2/21	Session 4: 5/3/21	Session 5: 26/3/21
Attendance	4	3	3	2
Reasons for non-attendance		Placement priorities	Placement priorities	Personal placement priorities
Themes	<ul style="list-style-type: none"> • Safe space • Covid • Connection • Self-care • Emotional regulation systems • reflection 	<ul style="list-style-type: none"> • Positive reframing and reflection • Emotional regulation systems • Self-care, use of positive language • Gratitude/trust/actions for happiness • 	<ul style="list-style-type: none"> • Emotional regulation systems • Gratitude • Imposter syndrome • Challenging inner critic • Strengths • Positive affirmations 	<ul style="list-style-type: none"> • Participatory evaluation

Group 4 (Learning Disability)

	Session 2: 15/1/21	Session 3: 5/2/21	Session 4: 5/3/21	Session 5: 26/3/21
Attendance	5	3	3	1
Reasons for non-attendance		Internet issues Family emergency	Unwell No contact	No contact No reason Unwell Placement ran over
Themes	<ul style="list-style-type: none"> • Safe space and connecting. • Not alone in this • Emotional regulation reflection 	<ul style="list-style-type: none"> • Emotional regulation systems – recognising threat • Accessing the affiliative • Positive reframing 	<ul style="list-style-type: none"> • Confidence • Inner critic • Imposter syndrome • “The Judge” 	<ul style="list-style-type: none"> • Evaluation

Appendix 2: Weather 'Check-In' Example



Appendix 3: Participatory Evaluation Questions

- What aspects of RBCS did you find most beneficial?
- What aspects of RBCS did you find most challenging?
- How did your facilitator influence these benefits and challenges?
- What impact has participating in this programme had on you and your well-being?
- In what ways?
- What recommendations do you have for future programmes?
- Is your university including the participation in this programme as part of your placement practice hours? If not, why?
- What aspects of the RBCS model will you continue to explore and use for yourself and with others following the programme? And how? (This might include safe space agreement, mindfulness/grounding activities, reflection using the emotional regulation systems, positive reframing/challenging the inner critic, self-compassion/compassionate flow, endings)
- Tell us one key insight which stands out for you in relation to your experience of the RBCS programme that you would be happy to share within the public domain (please indicate if you would like this to be anonymous)

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If you are interested in commissioning FoNS to facilitate a programme in your area, please email RBCS@fons.org.

Otherwise, if you would like to discuss in person, contact FoNS on Tel: 0207 307 2857.