

**Supervision Record**

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| **Attendee name:** |  | | **Supervisor:** |  |
| **Job Title:** |  | | **Supervisor’s**  **Job Title:** |  |
| **Care Group / Directorate:** |  | | **Date of Supervision:** |  |
| **Type of Supervision** | |  | | |
|  | | Provides colleagues with time to discuss personal and professional demands created by the nature of their work. Reflect on and challenge their own practice, seek advice and support and manage the personal and emotional impact of undertaking their role. | | |
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| **Supervision is a safe, confidential and protected period of time for colleagues to reflect and discuss, with their supervisor, how they are, raise any issues of concern and highlight anything they may need support with in relation to work or personal issues.** |
| Structure following areas around: ***What is going well? What isn’t going so well? What’s our plan /what action do we want to take?*** |
| Work related:  *For clinical supervision this is where the supervisee should discuss caseloads, complex cases, meetings, plans/goals for patients/families and should scrutinise clinical records to review quality/good practice. The quality and care and treatment plans should be regularly reviewed, and patient wishes, and preferences included.*  Personal related:  *For clinical supervision this could be where CPD, PDR outcomes, work life balance, courses on offer etc. could be discussed.*  Wellbeing related:  *Workload level/pace, work life balance, any caring responsibilities, any corporate services supervisee may wish to ‘use.’ Supervision to be used as a forum to collectively recognise presence of any trauma symptoms and the impact of these within a safe and supportive environment.* |

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| **Items carried forward from a previous supervision?** | | | | |
| **1.**  **2.**  **3.** | | | | |
| **Supervision Record**  *From the main discussion above, is there anything that requires action?* | | | | |
| Tasks/work/cases discussed | Action to be taken | Action owner | | Timescale |
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| **Records Management**  *(Please use this section to discuss clinical or management record keeping)* | | | | |
| *For clinical supervision, record keeping including risk assessments and care and treatment plans, should be scrutinised to ensure they demonstrate consent and coproduction. Quality and good practice and areas for improvement should also be reviewed.* | | | | |
| Clinical records have been scrutinised to review quality of record keeping, risk assessments care and treatment plans and co-production. | | | **Yes / No** | |
| **Achievements**  *(Please use this section to discuss where you are at with your PDR objectives & any areas of achievement. You may wish to refer to the Values and Behaviour Framework – Appendix 2)* | | | | |
| *For clinical supervision this is where training, awards, events could be discussed as well as any positive / good clinical outcomes or work they’ve been involved in* | | | | |

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| **Continuing Professional Development**  (*Please use this section as an opportunity to gather and record evidence for any professional bodies and document discussion about personal and professional development including any projects undertaken relating to change/improvement)* |
| *For clinical supervision, further training & development, plans for the future, conferences, events, specific roadshows or ‘weeks’ they are involved in* |

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| **Mandatory & Statutory Training**  (*Please use this section as an opportunity to review mandatory & statutory training (MAST) compliance)* | |
| Are you up to date and fully compliant with your training? | **Yes / No** |
| *If not, please note below which training is required and timescale for completion.* | |

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| **Date of Next Supervision** |  | **Venue of Next Supervision** | | |  | | |
| **Supervisee Signature** |  | | | | | | |
| **Supervisor Signature** |  | | | | | | |
| **Was supervision cancelled?** | **Yes** | | **No** | **Cancelled by** | | **Supervisor** | **X** |
| **Supervisee** |  |
| **Reason for cancellation** |  | | | | | | |
| **Did the supervisee fail to attend?** | **Yes** | | **No** |  | | | |