

# Developing the skills and competencies of Mental Health Nursing students by introducing student co-facilitation of supervision groups

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## Background

Staff in the Department actively use their knowledge of current research to impart knowledge and guide the students, but there is currently no research activity regarding the use of RIT.

Since 2001 lecturers in the Department have facilitated weekly reflective clinical supervision for all IPL Mental Health Nursing students. This is an innovative teaching approach not used in other health programmes within the University. The aim of the project was to develop this approach by using students in their supported practice placement (their final clinical placement) to co-facilitate two of the supervision groups for Year 1 and 2 students. This would develop their skills and competencies in clinical supervision and clinical practice (Bradshaw et al, 2006).

The project examined the impact of co-facilitating a clinical supervision group on the students' skills and competencies and their views of clinical supervision. The specific aims were to:

- examine the views of students and practice educators on the skills and competencies developed through participation in supervision groups
- produce a teaching package to develop the facilitation skills of students
- introduce the practice of using a group of supported practice students to co-facilitate clinical supervision groups
- evaluate the skills, competencies and views of clinical supervision of a group of students who undertook co-facilitation and compare these with a cohort of students who did not.

## Approach/methodology

The project utilised a mixed methods design (Creswell and Plano Clark, 2007). The student participants were four consecutive cohorts of Year 3 Mental Health Nursing students undertaking their supportive practice placement:

- Cohort 1 – no students allocated to co-facilitate groups (baseline assessment)
- Cohort 2 – half the group allocated to co-facilitate group and half allocated to non-facilitator group.
- Cohorts 3 and 4 – all members of the cohort who wished to co-facilitate were allocated to a group.

Fifty-one students participated in the project with 28 co-facilitating supervision groups and 21 non-facilitators undertaking the assessments.

A teaching day was devised to support those students co-facilitating groups.

There were three different data collection approaches; student group self-report information (taped discussion), in-depth interviews of practice educators (semi-structured interviews) and students self-scoring on the Manchester Clinical Supervision Scale (MCSS) (Winstanley and White, 2003).

Thematic analysis was employed to interpret the qualitative data (student self report and practice educator interviews). Statistical analysis was employed to examine differences in MCSS scores between facilitators and non-facilitators. The results were presented to the students (and their responses noted) in an end of cohort conference that was developed as part of the project.

## Outcomes

**Student self reports** – overall, the process of how supervision groups developed was clearly described with three identifiable stages –

- initial (establishing role in the group) – difficulties in talking within the group at beginning
- conflict (between group members, personalities) – this confrontation helped in making disagreements in practice less frightening
- resolution (deconstruction and reconstruction of roles, relationships) – this was the point at which effective clinical supervision was able to take place.

The students also identified areas where they had developed during the period of receiving clinical supervision. These were similar for both the facilitator and non-facilitator groups:

- developing competencies
- self development
- process of clinical supervision
- working with patients
- working as a group
- learning
- transferable skills
- communication skills
- group facilitation.

However, the facilitation groups appeared to have a more in-depth understanding of their own role within the group in these areas, being more aware of the facilitator's role, their actions/behaviours on the group supervision experience, reflecting upon what was being discussed, understanding of group processes, their knowledge limitations and being more able to sit back and listen to others.

**Senior Lecturer interviews** - three areas were viewed as being the main areas for clinical supervision and where the main developments in the students occurred:

- developing the student as a practitioner
- developing the supervision skills of the student
- clarifying the accountability of a student from a professional standpoint.

There was no clear differentiation made between those students who had facilitated groups and those who had not.

It was evident that Senior Lecturers had different perceptions about their role in supervising groups and used different styles accordingly. The focus on the development of the students often corresponded to a view of the role (ie if there was a focus on developing the supervision skills of the student, the perception of how well the students had performed was primarily based on how well they were able to elucidate supervision theories and practices). Any future developments were also based on that focus. Interestingly, there did not seem to be a consensus from the team overall as to the Senior Lecturer's role.

Four sub-scales recorded higher scores for facilitators compared to non-facilitators (trust/ rapport, supervisor advice/support, improved care/skills, reflection), two were virtually identical (importance/value of clinical supervision, finding time), and one sub-scale score was higher in the non-facilitator group (personal issues). The overall mean MCSS was 137.4 for the facilitator group and 131.2 for the non-facilitator group, indicating a higher overall perception of the effect clinical supervision had on their personal and professional development. None of the differences were statistically significant.

The main aims of the project were able to be achieved:

- It was possible to document the skills being developed by the students during the three years that they underwent clinical supervision.
- A detailed one-day teaching programme was developed and refined during the project. It was positively evaluated by students and appeared to have adequately prepared them to co-facilitate supervision groups.
- The opportunity to co-facilitate clinical supervision groups was viewed positively by the students involved. It led to an increase in their clinical supervision knowledge and skills, especially in their ability to stand back and reflect upon their own and others' practices and also upon the supervision process. It was difficult to evaluate whether these attributes were already more inherent in those volunteering to facilitate the supervision groups.

Students gained skills and competencies in facilitating clinical supervision. They were able to comment directly on the role of clinical supervision in professional practice and to reflect upon how this had developed (and why) over the three years of their studentship. Taking part in this study meant that students gained wider experience of the research process through having a lecture about the study and an explanation of the project protocol, participating in the study and through receiving a presentation on the findings in conference style format. All three of these settings presented the opportunity to discuss the rationale underpinning the project methods.

Staff developed a dedicated teaching package for students and found that taking part in the study enabled them to develop their inquiry skills. There was a realisation that different members of staff had different perceptions about the nature and role of clinical supervision and their role in the students' facilitation skills.

## Enhancing RIT

The inclusion of facilitating clinical supervision groups by students resulted in the growth of their skills and competencies. It also enhanced interpersonal skills and the ability to engage in reflection as noted by Butterworth (1996).

A clearly defined teaching package was developed to support the students' facilitation skills.

There was an appreciation of developing specific questions and employing specific evaluative techniques as a method of inquiry.

## Reflections and any future plans

The work is being written up for publication and there are plans to present the findings at conferences.

The use of clinical supervision is still viewed as an essential component in the education of student mental health nurses.

There are plans to develop clinical supervision training and skills as a post-qualification course.

The end of cohort conference has now been enhanced and there will be a mental health conference this year (2010) with participants coming from CCCU, trusts and other institutions, service user and carer organisations and mental health charities.

A review is being held by members of the educational team to examine the type of facilitation approach being used to support Mental Health Nursing students, and the parameters of the facilitation.

Time for the project was an issue - one member of the team left to work elsewhere after one year of the project and another had a period of extended sick leave. There were also difficulties in being able to identify other members of staff who might cover teaching or other responsibilities. This led to problems with the amount of free time that could be devoted to the project and also for the whole team being able to meet together on a regular basis.

An unanticipated finding was the positive response from the students receiving supervision. They were very impressed with the depth and breadth of knowledge of the facilitators and their supervisory skills. It also led to recognition of how much development had taken place in students by the time they were about to qualify and the awareness that they would be attaining the same level of knowledge and skills by the end of their training.

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