

Description

Professional Midwifery Advocate (PMA) Restorative Clinical Supervision (RCS) in action – the reflections from two PMAs/Midwifery lecturers – Part 1

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What is Restorative Clinical Supervision?

Restorative Clinical Supervision as identified by Wallbank (see here restorativesupervision) is one element of the Advocating for Education and Quality Improvement A-EQUIP model. For those of you who may be unfamiliar with this model, A-EQUIP was introduced following deregulation of statutory supervision of midwives and aims to use a four pronged approach in supporting midwives to support women and their families (see here A-EQUIP model). Whilst all four elements of the A-EQUIP model are integral to the role of the PMA, anecdotally RCS for many PMAs is the preferred component. RCS has been found to be a popular and powerful element of the model felt by some midwives and Trusts to be easy to implement with quick results. Studies have suggested that the benefits of this positively affect emotional wellbeing, reducing the levels of stress, anxiety, depression and on burnout with the impact of decreasing sickness levels and numbers of staff leaving the profession.[1,2] RCS can be offered either in groups or individually and we have found in our experience that the groups to be extremely helpful.

Providing a group restorative session – suggested ideas

It may be quite unnerving setting up a group, it is therefore imperative to establish a group contract to set boundaries and accepted behaviours, ensuring safety, confidentiality and trust. This does not need to be a complex or lengthy process but could be accomplished writing on a piece of flip chart paper, the important thing is to offer participants some uninterrupted time and space to think. Writing it down and having it visible ensures transparency and in our experience will enable individuals to feel more supported to participate. No other documentation is required, however it is important that if participants divulge breaches of the Code,[3] safeguarding or fitness to practice issues then the individual will be supported to discuss this with their line manager. Participants also need to know what to expect including how long the session is going to last, ideally this information should be provided at the time of invitation.

Who can participate in group restorative clinical supervision?

The answer is anyone; it should be acknowledged that irrespective of status or grade everyone may benefit from RCS. The midwifery profession is currently experiencing increasing pressures, no more so than within the current pandemic which may impact on individuals differently and raising the need for RCS. RCS should be planned or can be opportunistic, some Trusts have even incorporated sessions within mandatory training to enable yearly access. However it ought to be acknowledged that RCS should be available at the event of need and not necessarily at a point

on the calendar. Following module evaluations third year students on the BSc Midwifery programme had expressed anxieties regarding the transition from student midwives to newly qualified midwives. It was therefore decided to utilise the restorative element of the A- EQUIP model to offer students RCS sessions. Not only would this provide the support they were requesting but also mirroring some initiatives in practice by introducing the concept of RCS within practice so that it would be a familiar notion upon qualification.

> It is important to support students as they navigate the transition to qualified midwives as it has been recognised by many sources that these are a vulnerable group of registrants and as highlighted by the WHELM study see here WHELM Study.

This vulnerability within the student transition to qualification aligns nicely with David Rocks SCARF model (see here David Rock's SCARF model). This concept of transition acknowledges the potential impacts when adapting to a new role both positive and negative. Linking with appreciative enquiry model (see here Appreciative Inquiry) where if a behaviour/pattern works it will be repeated which again can have a both positive and negative impact. RCS enables practitioners time and space to consider all of these factors and for the individual to make sense and to provide their own strategies and solutions to the challenges in clinical practice.

Having seen the profound effects of RCS both anecdotally and evidentially in practice and as lecturers at a Higher Education Institution facilitating the PMA programme. We talked about this with our students and saw the potentiality for enabling them opportunity to have experience of it in practice.

In April 2019, third year students midwives were sent an invitation to attend an RCS session which would be held within their placement Trusts. It was important as PMA's for us to travel to the students as opposed to asking the students to travel to the University Campus. This was to promote accessibility, support the student's autonomy and demonstrate our respect for them. It should be emphasised there is no hierarchy within RCS with the facilitator role being that of organiser not leader. This would demonstrate our understanding of both the student's situation and clinical commitments whilst acting as a conduit between clinical practice and higher education.

Sessions were entirely voluntary with students signing up to allow opportunity for facilitators to book an appropriate environment and to enable time away from the clinical areas being protected. Sign up was encouraging with a substantial number of students expressing interest. Sessions were conducted in accordance with those facilitated by individual PMA Teams within the different Trusts and all lasted an hour. A contract was formulated and agreed by the students at the beginning of the session with similar themes across the RCS group's emerging. These included respect, confidentiality, not over talking, and no mobile phones. Students were reminded that whilst sessions were confidential, should any disclosure's regarding unsafe practice or any contravention of the Code[3] be breached this could not remain confidential.

Following the initial contracting the group them check in…

Checking in

It sounds very unnatural to say your name and say you are checking in however when students get used to this introduction it can become second nature and can be used as an icebreaker. Checking in gives all group members the opportunity to speak and gives the facilitator an essence of how the session may develop. The aim of group RCS is to support each other using a solution focused approach to achieve outcomes which are relevant to the individuals within the group. It is important that the facilitator does not jump in and try to provide answers moreover the group support each other to reach their own solutions.

Potential obstacles for the facilitator to navigate in group RCS

Whilst everybody has the ability to conduct RCS, skills are required to avoid and deflect pitfalls such as group silence, over talking, conflict and saboteurs. Toolkits for managing this can be found with the PMA programme but contain examples such as the use of powerful questions and how to include everybody in the group. Owing to the contract in place these anxieties may be unfounded as in our experience the group generally manage to negotiate these obstacles without facilitator intervention.

Feedback from sessions

Due to the ethos and the confidentiality of the RCS, content cannot be explored, however we can say that all the sessions have been very well evaluated with feedback requesting further sessions to be facilitated. As academic's it has been particularly rewarding and insightful to see the points of student self-restoration and the compassion offered to others suggesting great things for the future of midwifery.

It is hoped this intervention will ultimately aid the transition to qualification whilst providing stepping stones to a more restorative compassionate framework in practice and for student midwives to utilise in the future.

Following this we have subsequently adopted this approach online for all BSc/PG Diploma Midwifery programme year groups during this current pandemic. **Please see part 2 of our blog.**

Conclusion

We have seen the benefits of RCS with the effects and feedback being overwhelming positive and students requesting further sessions. Following one of the sessions the student returned to their clinical area and felt able to raise issues that she had discussed within the RCS with the relevant personnel which has since led to changes impacting positively for all students. This left them feeling more empowered and hopefully more resilient practitioners in the future.

References

1 Pettit A, Stephen R. Supporting Health Visitors and Fostering Resilience, *Institute of Health Visiting*: London; 2015.

2 Wallbank S, Woods G. A healthier health visiting workforce: findings from the restorative supervision programme. *Community Pract*. 2012; 85(11):20-23.

3 Nursing and Midwifery Council. Professional standards of practice and behaviour for nurses, midwives and nursing associates: *Nursing and Midwifery Council*: London; 2018.



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