LONDON CANCER ALLIANCE LCA

Guidance for Level Two Healthcare Workers and Level Three/Four Supervisors

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1 Summary

The purpose of this document is to provide guidance for healthcare workers who are:

1. providing level two psychological assessment and intervention e.g. clinical nurse specialists, or
2. level three and four psychological support staff who are providing supervision to those working at level two.

This document:

- highlights the purpose and scope of level two psychological support supervision
- outlines the governance arrangements of such
- provides the specification and qualification of supervisors
- specifies the expectations of the supervisee.

Level two psychological support supervision should not be confused with managerial supervision or reflective practice groups, which have a different purpose and focus.

2 Background

Four levels of practice in the provision of psychological support for cancer patients were outlined in the Supportive and Palliative Care Improving Outcomes Guidance (IoG) (NICE 2004) (Appendix 1). Staff working at level two should undergo training to enable them to work at that level, and subsequently be supported by those working at levels three and four. This is done by regular supervision for the psychological support work they undertake.

Staff working at level two screen cancer patients for psychological and other concerns, including through the use of Holistic Needs Assessments (HNA), and provide basic psychological assessment and interventions. To do so effectively, the Supportive and Palliative Care IoG (2004) requires them to have attended advanced communication skills training, and level two training. There is a requirement to be working with cancer patients for at least 50% of their time in order to access training and regular supervision. A profession working at level two would typically have an ongoing role and relationship with the patient, e.g. clinical nurse specialist (CNS), oncology specialist allied health professional (AHP), nurse practitioner, oncologist, and not ‘ad hoc’ contact.

After completion of the level two training courses there is a requirement within the IoG and its associated peer review measures for level two staff to attend regular supervision sessions for the psychological support work they undertake. The supervision is carried out in small groups, rather than one-to-one. There is evidence that psychological support skills learned in training are only clinically applied and maintained where ongoing supervision is provided (e.g. Mannix et al, 2006). Clinical supervision also provides a means to ensure a high standard of care and safe clinical practice whilst investing in staff and potentially protect from burnout (McVey, 2012).

Supervision has been defined as:

“A formal process for professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care.”

Definition of Clinical Supervision (Department of Health, 1993)

It is a peer review requirement for each site specific cancer multidisciplinary team to have at least one core member trained in psychological support to level two, and for that person to be accessing regular level two psychological support supervision. This is a minimum standard. Best practice requires all staff providing psychological support at level two to have been trained and receiving supervision.

Level two supervision focuses on:

- maintenance and reinforcement of what has been learned in level two psychological support training
- the enhancement of skills learned on level two psychological support training
- developing practitioners' competence and confidence in the provision of psychological support to patients at level two
- supporting the transition of theory into practice
- validating and reinforcing existing good practice in psychological support for patients
- specific skills used in practice, identifying barriers to their use, and ways to overcome these
- facilitating the reflection and management of the clinical and emotional content of work with patients
- developing skills in identifying when to 'step-up' support and refer on to level three or four psychological support.

Level two psychological support supervision supports health professionals with no formal psychological support training, e.g. CNSs, AHPs, to enhance their use of psychological skills. It is not expected for participants to become psychological therapists nor intended to encourage them to deliver complex psychological interventions; practitioners working at levels three and four have specialist clinical skills and competencies to do this. Attendance should be fully supported by the employing Trust and manager and will be recorded as a requirement for peer review. Psychological support supervision is not intended as a teaching session or master class and is distinct from professional line management and personal supervision. Whilst a reflective approach is taken, a more structured approach to assessing psychological need and implementation of basic intervention is taken than may be the case in other reflective practice groups. It is not a therapeutic group for those attending.

Level two supervision should be:

- held monthly for an hour duration.
- run in small and ideally 'closed' groups of approximately three-six supervisees per supervisor – ad hoc or drop in arrangements are not encouraged
- a case-based discussion of a patient's psychological care needs
- participative, ensuring that across a series of meetings, all participants present cases regularly and at a sufficient level of depth (e.g. 15-30 minutes) with all participants contributing to the group discussion and guidance on the case being presented
- focused on specific themes rather than specific cases, e.g. carer strain, Holistic Needs Assessment, assessing a supporting newly diagnosed patients with pre-existing depression when indicated
- focused on case discussions to reflect on how skills learned can be applied in practice in patient care
- an opportunity to learn from others by offering and receiving peer support for psychological support work undertaken.

The meetings should have:

- regular attendance to support 'carry over' learning
- clear ground rules which are reviewed when new members join

- a safe, supportive and confidential environment
- a developmental and educational focus
- a reflective approach.

Supervisees are required to:

- maintain a commitment to ongoing personal and professional development and be open to receiving supportive and constructive feedback
- notify the supervisor of non-attendance
- attend each supervision session on time and avoid interruptions wherever possible
- discuss with their line managers if they opt not to attend level two psychological supervision, and they may be required to formally record this decision
- prepare for supervision sessions by bringing case material for discussion.

3 Establishing level two supervision within organisations

The following points should be discussed and agreed between the commissioning service or health professional, e.g. lead nurse and the supervisor, and then between the supervisor and supervisees:

- lines of accountability with supervisees
- lines of accountability with, and data requirements from, the commissioning service/individual
- confidentiality and limits to this. Anything discussed during the group is confidential to the group, unless unsafe, unethical or illegal practice is highlighted compromising the supervisee's code of conduct. Names of patients and staff will not be disclosed, and any disclosures required should be discussed with the supervisee first
- professional boundary setting and conduct
- what to do in the event of a disagreement/difficulty between supervisee(s) and supervisor
- how and when to report on progress of the group, e.g. quarterly attendance reports to lead cancer nurse
- that level two psychological support supervision does not constitute 1:1 clinical supervision or managerial supervision.

Configuration of a level two psychological support supervision group is likely to vary according to the needs of the local setting, and due consideration should be given to the advantages and disadvantages of differing approaches locally. Level two psychological support supervision groups can be team based, or more typically mixed, e.g. drawn from a range of different cancer teams/multidisciplinary teams. It is good professional practice to agree a contract between a supervisor and supervisees to make explicit the points above. Refer to model contract in Appendix 2.

Since clinical supervision is a core component of psychological support no extra consent needs to be drawn from patients. Informing patients that the clinician will follow appropriate clinical governance procedures and will discuss the care plan with appropriate colleagues in confidence, i.e. the supervision group, is good practice.

4 The Supervisor

Supervision for level two staff needs to be consistent, but it is not necessary for all supervisors to use the same model. Supervisors must be familiar with the elements of the level two training and refer to them as appropriate in supervision sessions.

Supervisors should:

- be working at level three or four (NICE)
- have an appropriate induction to working at level three or four (Appendix 3)
- have an understanding of level two psychological skills training, advanced communications skills training and the requirements of level two psychological support supervision
- receive regular supervision themselves, as specified by their registering body, e.g. HCPC, BABCP, BACP, UKCP
- remain up to date with continuing professional development requirements as specified by their registering body
- have a full understanding of Holistic Needs Assessment and its use in practice
- have worked in a physical health setting e.g. life threatening/chronic illness
- have previously provided clinical supervision, for instance to counsellors, therapists and psychologists
- ideally have received training in clinical supervision
- have previously supervised non-psychologists working in physical health, e.g. nurses, AHPs
- have prior experience of theory and practice of facilitating groups
- ideally have knowledge of local service contexts and other sources of emotional and practical support in the locality to facilitate signposting to services.

Responsibilities of supervisors are to:

- demonstrate a clear understanding of their role and the distinction between clinical supervision and management processes
- discuss and agree ground rules with the group
- agree objectives with the group at the beginning of the session
- ensure boundaries between what is inside and outside the scope of supervision are maintained
- offer both support and challenge to encourage the supervisee to reflect in-depth on issues affecting their practice
- protect the supervision time and maintain time boundaries
- be clear about confidentiality and the occasions when due to concerns around risk the supervisor may be required to break group confidentiality
- keep a record of attendance and non-attendance.

5 Monitoring Adherence/Effectiveness

Confidence ratings, outcome measures and feedback of supervisees will be collated annually, with anonymous feedback being collated across the LCA collectively, to be fed back to lead nurses or other as agreed locally.

Appendix 1: Service Levels

The term 'health professional' as used in the definitions of levels one and two, implies a professional in a discipline other than the psychiatry/psychology/counselling disciplines themselves, since it is assumed that basic qualification in these disciplines would exempt a practitioner from level two training.

Level one

Is defined as a degree of psychological screening, intervention and support which is deliverable by any qualified health or social care professional, without any further psychological training other than that provided by the basic training in their discipline.

Level two

Is defined as a degree of psychological screening, intervention and support which requires delivery by a practitioner who is a health or social care professional and who has received further psychological training, as specified below, in addition to that provided by the basic training in their own discipline.

The additional training is as follows:

- attendance on the National Advanced Communications Skills Training course from one of the nationally approved programmes, plus
- participation in a network based training programme, relevant to cancer patients and their carers, which covers basic psychological screening, psychological assessment and basic psychological intervention skills.

Level three

Is defined as a degree of psychological screening, intervention and support which requires a practitioner who is one of the following:

- a counsellor, accredited by the British Association for Counselling and Psychotherapy
- an NHS psychotherapist accredited by the United Kingdom Council for Psychotherapy
- a registered mental health nurse with a diploma in counselling
- a social worker with an additional university accredited clinical diploma in counselling or psychotherapy.

Note: Other health or social care professionals, who are accredited as in the last two bullet points above, are also considered able to practice at level three.

Level four

Provides a degree of psychological screening, intervention and support which requires a practitioner who is one of the following:

- a consultant psychiatrist
- a consultant liaison psychiatrist
- a clinical or counselling psychologist.

Note: All of the above should have completed an induction at level three that meets the British Psychosocial Oncology Society (BPOS) and SIGOPAC requirements.

Appendix 2: Clinical Focused Supervision Contract Example

This contract forms an agreement between the Supervisor and Supervisee within the group.

Group Number			
Clinical Supervision for:			
Clinical Supervision from:			
Frequency:		**Duration:**	
Group Members :			
Review Date:			

Confidentiality: Anything talked about during the group will be confidential to the group, except where disclosures during supervision reveal unsafe, unethical or illegal practice, and compromise the supervisee's code of conduct. The names of patients and members of staff will not be disclosed. If any information for one of the above reasons has to be shared outside of the group it will be discussed with the supervisee first.

Supervisee Signature:	**Date:**
Supervisor Signature:	**Date:**

Supervision will take place according to the principles laid down in "Guidance for Level Two Healthcare Workers and Level Three/Four Supervisors"

Appendix 3: Appropriate Level Three or Four Induction

When a level three or four practitioner first joins a cancer and/or palliative care team to provide supervision to level two staff, an induction programme should be put in place that includes the following:

- familiarity with cancer and palliative care MDT meetings in order to understand the process of diagnosis and treatment planning and understand the roles and responsibilities of the team members
- familiarity with key local team members and/or knowledge of their role (e.g. trust cancer manager, lead cancer nurse, MDT leads, clinical nurse specialists, other level two practitioners, other level three/four practitioners)
- awareness of local palliative care teams in acute trusts and community
- awareness of local information and support services
- awareness of social work teams including benefits/welfare advice services
- understanding the Holistic Needs Assessment and screening tools in use, e.g. concerns thermometer
- awareness of local bereavement support and services where appropriate
- knowledge of psychological support services.

Induction meetings with other level three or four practitioners should focus on issues common to working with oncology patients, for example:

- differences in working in cancer and palliative care and use of transferable and new skills
- issues of consent to assessment and treatment including the vulnerability of this patient group and their ability to accept or decline assessment and/or treatment
- issues of confidentiality when working with this patient group, their family and other team members
- issues relating to dying and talking about dying with the patient and family including the fact that they may not wish to discuss this
- developing skills in assessing and negotiating interventions with a more vulnerable and often frail patient group
- provision of a recommended reading list
- raising awareness of useful training and education events and other helpful resources.

To help support this generic induction programme, development of the following competencies should also be included in the induction/training of new level three and four practitioners.

Basic clinical knowledge: A working knowledge of medical issues is important and should include epidemiology and causes; nature and course of cancer and long term conditions; treatments and side effects; follow-up and rehabilitation; survivorship and end of life care planning.

Theoretical models: Knowledge of a number of psychotherapeutic and health psychology models may be useful and appropriate in different contexts. For example an understanding of the bio-psycho-social-spiritual approach to person-centred holistic healthcare, Illness Representation Model, Social-Cognitive Model of Adjustment, attachment theory, coping theory, models of loss, grief and bereavement, cognitive behaviour therapy and third wave approaches, systemic therapy, psychodynamic therapy or person centred approaches, managing groups and group therapy.

Core clinical skills: Assessment, formulation and range of intervention approaches:

- broad based assessment drawing on evidenced based model

- using pertinent theoretical models to help understand the client's problems and distress, and to suggest ways of helping clients overcome them
- negotiating with the client the parameters of the service that can be offered
- determining reasonable targets for intervention given the possible contextual constraints (e.g. the illness and its prognosis, ongoing treatment, the geographic distance the client is from the service)
- if the problems predate the cancer or are relatively unconnected with the illness, considering forward referral to other more appropriate services.

Appendix 4 Supervision evaluation form

Section 1: The group

Please consider your experience of the level 2 psychological support supervision group over the last year and rate each question using the scale below:

1	2	3	4	5
Not at all				Yes, definitely

1. I felt that this group is a safe space to reflect, ask questions, share my ideas and experiences _____
2. I felt supported by other people in the group _____
3. When I shared something with the group I felt heard by them _____
4. I felt that other group members treated my contribution with respect when I shared something with them _____
5. I feel that the way cases are discussed in this group is helpful for me _____
6. By attending the group, I have considered how I look after myself _____
7. I have regularly shared or addressed issues relevant to working with cancer patients _____
8. I have come away from the group understanding a bit more about the experience and needs of a person with cancer _____
9. As a result of attending the group I understand more about responding to patient distress _____
10. I have learnt something useful about how to deal with challenging situations with my patients and their families _____
11. Level 2 training and supervision has helped me to manage high risk and complex cases more effectively _____

Section 2: Your confidence

1. As a result of attending level 2 supervision, how would you rate your confidence in assessing and screening for psychological distress?

Increased confidence	Confidence has stayed the same	Decreased confidence

2. As a result of attending level 2 supervision, how would you rate your confidence in using interventions to address psychological distress?

Increased confidence	Confidence has stayed the same	Decreased confidence

Section 3: Your comments and views

1. What would you say is the value of attending supervision?
2. How do you feel it could be changed to better serve your needs?
3. Are there any factors that prevent or assist you in being able to attend the monthly supervision group?
4. What additional training on psychological support could you benefit from?

Section 4: Have you completed the level 2 psychological support training course? **YES / NO**

If YES, please could you answer the additional questions below:

1	2	3	4	5
Not at all				Yes, definitely

1. Attending level 2 supervision has enabled me to consolidate my learning from the level 2 psychological support training ______
2. Attending supervision has enhanced and built upon the skills I learnt on the level 2 psychological support training ______
3. Level 2 supervision has helped me with the transition from theory to practice of psychological support ______
4. Level 2 supervision has helped me to identify when it is appropriate to 'step up' psychological support and refer on to my level 3 / 4 psychological support colleagues ______

Thank you

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