Clinical supervision is often sacrificed on busy wards but holding sessions over lunch can mean time is protected and the process more relaxed, but still beneficial

Protecting time for clinical supervision

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Clinical supervision is a formal, planned process of supported reflective learning. It is particularly valuable in acute mental health environments, where staff nurses face significant, ongoing challenges and can benefit from support and a space to process emotions. Despite the value some nurses place on clinical supervision, protecting time to ensure it takes place can be difficult – often due to staffing levels and much clinical activity. This article outlines an innovative approach that ensures time for clinical supervision is protected using staff lunch breaks.

The essence of clinical supervision is reflection on clinical experiences, with this reflection supported by an experienced practitioner and used as a basis for learning (Driscoll, 2007). Although there is a long-standing view that nurses reflect on their practice daily, and therefore do not need to set aside specific reflective time (Driscoll, 2007), this could shift with the NMC’s revalidation process. Revalidation requires evidence of a reflective discussion and many nurses and midwives have said this discussion was one of the most rewarding parts of the process (NMC, 2016).

Acute mental health
Acute mental health wards are notoriously busy and the nursing role in these environments has sometimes been described as “fire-fighting” (McGeorge and Rae, 2007).
As staff are often forced to react to the demands of an ever-changing roster of patients and a high frequency of intense clinical situations. In such daily, unpredictable situations, it is easy to see how planned CS can be challenging to execute, with staff nurses having difficulty finding protected time (Warrender, 2015). Ironically, the times when nurses sacrifice their arranged supervision – for example, during clinical emergencies and staffing crises – are the experiences that need to be processed and likely to be the most valuable.

**Soup, Sandwich and Supervision**

Because acute mental health wards are unpredictable and forward planning is sometimes difficult, something needs to change to ensure staff nurses are able to routinely and regularly access CS. Although healthcare can be busy and unpredictable, it is a fair assumption that staff will have some time to eat lunch. In May 2015, an initiative called Soup, Sandwich and Supervision was introduced in an acute mental health facility in Grampian to facilitate individual supervision over staff lunch breaks. The scheme has so far facilitated supervision for eight staff members. While eating enables nurses to meet the physical demands of the job, it could be argued that CS provides the mental nourishment they need to process challenging experiences and continue practising well.

The scheme is optional and staff can be seen as gaining an opportunity for reflection rather than losing a break. The experiences of two acute mental health staff nurses (Box 1) have supported this and demonstrates that CS itself is valuable and the ‘protecting’ factor of a lunch break is comforting. In addition, food can convert a formal process into a more relaxed yet equally effective one. Soup, Sandwich and Supervision has proved to be effective at protecting time, while maintaining the expected benefits of a more formal supervision process.

**The future**

Financial constraints, an ageing population and an ageing workforce mean healthcare is likely to become more, rather than less, busy (Johnson, 2015). In this environment, nurses’ experiences may have a high emotional impact, and if they do not have space in which to process them, continued high-quality practice is unsustainable. People regularly meet over food to catch up and discuss their lives, and nursing could adopt this approach to provide CS.