

**Appendix C**

**Supervision Passport**

**For Clinical Staff**

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# Introduction

Registered nurses: Your Supervision passport can help with your re validation with the NMC. (Other professions will have similar requirements). Please ensure your 1:1 supervision is recorded on the electronic supervision form, detailing the content of your 1:1 Supervision. You may also complete a Reflective Account template and utilise this as part of your re-validation evidence.

All staff: Please ensure your supervisor adds your supervision to the Trust Supervision Database.

Every member of the clinical team is encouraged to undertake one to one clinical supervision with their clinical supervisor each month. This is a perfect opportunity to create a close bond with a colleague, to raise awareness of issues relating to clinical practice, to be supported in delivery of care and to reflect upon your role in the working environment.

At the Trust we endeavor to offer ‘protected time’ to clinical staff to allow for reflection on their practice.

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Please ensure your supervisor signs your passport.

Your ward manager is monitoring supervision uptake monthly.

Please ensure you have supervision regularly throughout the year.

This includes 1:1 formal, clinical supervision.

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Keep your supervision passport with you on the ward.

Following a supervision session, refer to the code below and enter the type of supervision (formal or informal) you received and the source (group; 1:1; team meetings, learning lessons etc.) in the appropriate boxes.

State whether the supervision was:

**› Managerial** – delivered by your direct line manager in relation to performance on ward or,

**› Clinical** – formal clinical supervision or any of the ad-hoc supervisions that relate to the clinical issues and practice.

# Type and source of clinical supervision

**Name:**

**Place of Work:**

**Code Description**

**In** Informal clinical supervision

**F** Formal clinical supervision

**R** reflective practice for revalidation

**Code Description**

**CP** Care planning / patient care

**H** Handovers/ward round

**TM** Team meetings

**LL** Learning lessons / post incident review.

**DC** Discussions with colleagues / other

Disciplines

**1:1** One to one supervision

**G** Group supervision

**Type**

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| **Date** | **Duration** | **Managerial or Clinical** | **Type** | **Source** | **Supervisor Initial** | **Supervisor** |
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| **Date** | **Duration** | **Managerial or Clinical** | **Type** | **Source** | **Supervisor Initial** | **Supervisor** |
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| **Total duration:** |  |  |

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# Notes

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**Further information**

**Talk to us:**

*Concerns, complaints, ideas*

**»** Talk to your Line Manager

**»** Talk to your Ward Manager

**»** Talk to your Clinical Supervisor

**If lost, please return to:**

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