



PROTOCOL	
Clinical supervision management	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-Community Health
Child Safe Organisation Statement of Commitment The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.	

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To describe requirements of clinical supervision for staff who undertake clinical nursing work within the scope of their employment. It is aimed at promoting safe, ethical and high quality client centred care which is aligned with organisational values, principles and priorities and facilitating a process of professional support and learning for staff.

Risk

The absence of a clearly articulated plan may result in reduced opportunities for staff to participate in clinical supervision which may compromise client care.

Background

The Australian College of Nursing, the Australian College of Mental Health Nurses and the Australian Collage of Midwives describe clinical supervision as a formally structured professional arrangement between a supervisor and one or more supervisees, which is positively supported and actively promoted by employers, irrespective of a nurses role, area of practice and years of experience.¹ Clinical supervision facilitates the development of reflective practice, professional competence and confidence of the supervisee, through increased awareness and understanding of the complex human and ethical issues within their workplace.^{1, 2}

When clinical supervision is effective there are positive outcomes for supervisees, clients and organisations.¹ A core component of effective clinical supervision is a trusting professional relationship between supervisors and supervisees.¹ Additional components that underpin relationships and effective clinical supervision include:

- Regular, private and dedicated time
- Clear structures, boundaries, processes, goals and working together agreements
- Confidentiality within the ethical and legal boundaries of staff practice
- Specific training for professionals who will provide clinical supervision, who will engage in their own clinical supervision

- Culturally safe and respectful relationships that has the commitment from both the supervisor and supervisee.¹
- Developing knowledge, confidence, self-monitoring and self-accountability with a strength-focus aimed at supporting supervisees to improve practice. Clinical supervision helps make sense of issues that supervisees bring to the session, including understanding how their words and actions impact situations, client interactions and interacting with others.¹⁻⁴

Clinical supervision modes may be offered through face to face meetings in dyads and in small groups; or using technology such as telephone, email and videoconferencing. Telesupervision is a term used when video technology platforms are used to support supervisors and supervisees when they are not co-located.⁵

Child and Adolescent Health Service Community Health (CAHS-CH) use the Gibbs Reflective Cycle as the model that underpins clinical supervision.⁶ It provides a structure of reflection, which assists with making sense of the experiences that staff bring to clinical supervision sessions. The Gibbs Reflective Cycle is made up of the following six stages:

1. *Description* of the experience
2. *Feelings* and thoughts about the experience
3. *Evaluation* of the experience, both positive and challenges
4. *Analysis* to make sense of the situation
5. *Conclusion* about what you learned and what you could have done differently
6. *Action plan* for how you would deal with similar situations in the future, or general changes you might find appropriate.⁷

Key Points

- Community health staff will comply with relevant policies, guidelines, procedures and resources for the delivery of evidenced base clinical practice.
- Community health staff will comply with Australian Health Practitioner Regulation Agency and relevant National boards, regarding standards of practice and continuing professional development requirements.
- CAHS-CH will offer clinical supervision based on operational needs and fiscal sustainability.
- Clinical supervision discussions are confidential. However, if supervisors have concerns relevant to actions required by the *Speaking Up for Safety & Professional Accountability* or *Supporting Employee Performance* policy documents, these will be discussed with the relevant staff member outside of the clinical supervision session.
- Clinical supervision does not replace existing support mechanisms such as Employee Assistance Programs.
- Clinical supervision is NOT a:
 - Forum for personal, professional or organisational grievances
 - Disciplinary procedure, a performance management or a performance development opportunity.

Process

Steps	Additional Information
<p>Clinical supervision sessions</p> <ul style="list-style-type: none"> Clinical supervision will be available for: <ul style="list-style-type: none"> staff providing clinical nursing directly with clients (referred to as supervisees) staff who are facilitating clinical supervision sessions (referred to as supervisors) Clinical supervision will be offered in small groups via teleconferencing or via face to face modes, according to operational needs and the availability of resources. Groups will include one (1) supervisor and six (6) to eight (8) supervisees. The Clinical supervision portfolio is managed by the Clinical Education Team. The <i>Clinical Supervision in Community Health Handbook - A reflective practice framework for staff undertaking clinical nursing work</i> and additional resources, are available on HealthPoint CAHS-CH Information Hub under the tab title <i>Programs</i>. <ul style="list-style-type: none"> Supervisors and supervisees are required to familiarise themselves with these resources, prior to attending clinical supervision sessions. 	<ul style="list-style-type: none"> Clinical supervision groups will be dependant on the availability of staff and their contracted hours, supervisors, appropriate information technology equipment and venues. Sessions for supervisees will be offered: <ul style="list-style-type: none"> Every six (6) weeks for a maximum duration of ninety (90) minutes Every twelve (12) weeks for a maximum duration of ninety (90) minutes, for staff with 0.5 full time equivalent (FTE) contracted hours or less, unless an alternative agreement with their manager has been approved. Sessions for supervisors will be offered biannually. <i>The Clinical Supervision in Community Health Handbook - A reflective practice framework for staff undertaking clinical nursing work</i> provides the following information: <ul style="list-style-type: none"> <i>Gibbs Reflective Cycle</i> <i>Community Health Clinical Supervision Supervisor Worksheet</i> <i>Community Health Clinical Supervision Supervisee Worksheet</i> <i>Community Health Clinical Supervision Agreement to Work Together</i> <i>Clinical Supervision Attendance Record</i>
<p>Supervisees roles</p> <ul style="list-style-type: none"> Staff are invited to express their interest for clinical supervision, through their manager. Staff will participate in the development of <i>Community Health Clinical Supervision Agreement to Work Together</i> document. Staff who have concerns with a clinical 	<ul style="list-style-type: none"> Managers will inform staff about clinical supervision offered by CAHS-CH. Managers are responsible for notifying the Clinical Education Team email, when staff members require allocation to a group. Staff will <u>not</u> be allocated to a supervisor who has operational or managerial responsibility for the supervisee.

Steps	Additional Information
supervision group or who are unable to attend a session, will contact their supervisor to discuss further.	
Supervisors roles <ul style="list-style-type: none"> Clinical supervision sessions will be facilitated by Senior registered nurses, experienced Clinical Nurses or Senior Aboriginal health workers, who have completed the CAHS-CH <i>Clinical Supervision</i> training. Supervisors will be responsible for a clinical supervision group, which may include staff from different regions and from different work areas. Supervisors will scan and save the following completed documents in the <i>Clinical Supervision Attendance Record</i> folder on W:Drive: <ul style="list-style-type: none"> The <i>Community Health Clinical Supervision Agreement to Work Together</i> document The <i>Clinical Supervision Attendance Record</i> The online <i>Clinical supervision session</i> MS FORM will be completed for data reporting purposes. 	<ul style="list-style-type: none"> The <i>Community Health Clinical Supervision Agreement to Work Together</i> document is a group activity, which will be facilitated and completed by the supervisor, at the first clinical supervision session and when a new member joins the group. This document will assist with maximising group functioning and may pre-empt any potential concerns that may arise in future sessions. The <i>Clinical Supervision Attendance Record</i> document will ensure there is a record of staff attendance at clinical supervision sessions. This document may be accessed by managers. When a supervisor has concerns with issues or practices raised by a supervisee in a group session, discuss further on a 'one on one' basis, outside the group session. The <i>Clinical Nursing Manual</i> will be used to access relevant policy documents, to assist with decision making processes for clinical practice issues.

Documentation

Supervisors will complete documents according to *The Clinical Supervision in Community Health Handbook - A reflective practice framework for staff undertaking clinical nursing work*, to ensure compliance with record keeping governance.

References	
1.	Australian College of Nursing, Australian College of Mental Health Nursing, Australian College of Midwives. Position Statement Clinical Supervision for Nurses and Midwives. 2019.
2.	Grant J, Mitchell C, Cuthbertson L. National Standards of Practice for Maternal, Child and Family Health Nurses in Australia. 2017.
3.	Nursing and Midwifery Board of Australia. Registered Nurses Standards for Practice. 2016.
4.	Maddox J, Higgins H, Lee S, Redgrave K, Ridgway M, Hunter V. Supervision Framework for Child and Family Health Nurses: Promoting Reflective Practice. 2017.
5.	Martin P, Kumar S, Lizarondo L. Effective use of technology in clinical supervision. Internet Interventions. 2017.
6.	Gibbs G. Learning by doing: a guide to teaching and learning methods. Oxford: Further

7. Education Unit Oxford Polytechnic; 1988.
The University of Edinburgh. Reflection Toolkit: Gibbs' reflective cycle 2020 [cited 2020 4 September]. Available from: <https://www.ed.ac.uk/reflection>.

Related policies, procedures and guidelines

The following documents can be accessed in the [CAHS Policy Manual](#)

Employee Assistance Program


Occupational Safety and Health

Related resources

Clinical Supervision resources are available via [HealthPoint](#) CAHS-CH Information Hub

[Statewide Telehealth Service – Videoconferencing Etiquette](#)

This document can be made available in alternative formats on request for a person with a disability.

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Collaboration

Accountability

Equity

Respect

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