Clinical Supervision Framework for Queensland Nurses & Midwives

Professional Boundaries

Standards

Development

Confidential

Relationships

Quality of Care

Reflective

Education

Choice

Wellbeing

Safe

Support

Trusting

Communication

March 2021

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Clinical Supervision Framework for Queensland Nurses and Midwives

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An electronic version of this document is available at:
www.qheps.health.qld.gov.au/nmoq/professional-capability

Foreword by the Office of the Chief Nursing and Midwifery Officer

Nurses and midwives undertake a unique role within our healthcare teams. They provide the foundation and core of service delivery in all settings across our state. In our constantly evolving healthcare system, we are facing increasingly more complex and unique challenges in the workplace. While the work of nurses and midwives is often rewarding, it can also be mentally, emotionally and physically challenging. We care for people across all stages of their lives, focused on the biopsychosocial needs of communities. We hear stories, we hold hope and we care for individuals, groups, their families and communities as effectively as we can. We use critical thinking and high-level analysis and technical skills in every aspect of care that we deliver. There has never been a more important time to acknowledge nurses' and midwives' valuable role as independent and collaborative caregivers, as well as to recognise the support that clinical supervision provides to us and the people that we care for.

In 2019, the Australian College of Midwives, Australian College of Nurses and Australian College of Mental Health Nurses published the Joint Position Statement Clinical Supervision for Nurses & Midwives, which formally recognised the value of clinical supervision for all nurses and midwives in Australia. Following this important piece of work, the Office of the Chief Nursing and Midwifery Officer (OCNMO) is pleased to announce the publication of the Clinical Supervision Framework for Queensland Nurses and Midwives.

Clinical supervision is an important professional development activity that benefits nurses and midwives, the people we care for and the organisations in which we work. It is becoming increasingly recognised as a core component of contemporary nursing and midwifery practice. Additionally, it supports reflective practice approaches that align with an important way to manage health and wellbeing.

At its heart, clinical supervision is a confidential, supportive and culturally safe activity that enables nurses and midwives to critically reflect on their practice, while contributing to overall wellbeing and the provision of quality care. Nursing and midwifery wellbeing is essential to optimal care delivery, as well as to nursing and midwifery recruitment, retention and the sustainable future of our professions.

The Clinical Supervision Framework for Queensland Nurses and Midwives was developed in consultation with representatives from each hospital and health service and has the support of nursing and midwifery leaders from across Queensland. I would encourage all nurses and midwives to use this framework, and the accompanying resources, to support the implementation of clinical supervision programs within your teams, workplaces and organisations.

While it will take time to build clinical supervision capability across Queensland, the publication of this framework is an important milestone, and it heralds an exciting time for nurses and midwives in Queensland. I encourage the uptake of this framework to all nurses and midwives and acknowledge this framework supports your valuable and significant contributions to our healthcare systems and community care.

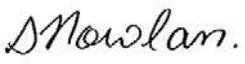

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Table of Contents

1. Intent

While the work of nurses/midwives in contemporary healthcare settings can bring considerable rewards, it can also be challenging and emotionally burdensome. Clinical supervision provides a forum for all nurses/midwives to receive support and maintain psychological wellness (Butterworth, Bell, Jackson, & Pajnkar, 2008; Cutcliffe, Sloan, & Bashaw, 2018; Love, Sidebotham, Fenwick, Harvey, & Fairbrother, 2017; Pollock et al., 2017) while promoting reflective practice, critical thinking and ongoing professional development. (Australian College of Midwives, Australian College of Nursing, & The Australian College of Mental Health Nurses inc., 2019b).

The primary focus of the Clinical Supervision Framework for Queensland Nurses and Midwives is to:

- support a shared understanding of the key principles of clinical supervision, along with definitions of what it is and what it is not
- support the development and maintenance of quality clinical supervision programs in the workplace by outlining key responsibilities of the clinical supervisor, clinical supervisee and the organisation
- provide a suite of resources that can be used by hospital and health services to support the implementation, monitoring and evaluation of clinical supervision.

2. Glossary

In 2019, the Australian College of Midwives, Australian College of Nursing and the Australian College of Mental Health Nurses Inc. released a Joint Position Statement on Clinical Supervision for Nurses and Midwives that recommends clinical supervision for all nurses and midwives.

This document defines clinical supervision as *'a formally structured professional arrangement between a supervisor and one or more supervisees'. It is a purposely constructed regular meeting that provides for critical reflection on the work issues brought to that space by the supervisee(s); it is a confidential relationship within the ethical and legal parameters of practice. Clinical supervision facilitates development of reflective practice and the professional skills of the supervisee(s) through increased awareness and understanding of the complex human and ethical issues within their workplace.'* (p.2).

The term 'clinical supervision' has attracted several other meanings and applications in healthcare, and this has been identified as problematic when used across different contexts (Australian Clinical Supervision Association, 2015; Australian College of Midwives, Australian College of Nursing, & The Australian College of Mental Health Nurses inc., 2019a; Martin, Kumar, & Lizarondo, 2017).

For the purposes of this document, clinical supervision does not refer to the direct or indirect supervision of a student or a colleague's work practice (including observational assessment), nor does it refer to managerial supervision or mentorship (Australian College of Midwives et al., 2019a; Martin et al., 2017; HETI, 2013).

A glossary has been provided to clarify terms used in this document.

3. Assumptions

The following assumptions have been made in relation to the development and use of this document:

- The Hospital and Health Service (HHS)/facility/directorate/service promotes a culture of lifelong learning that aligns with Section 12.3 of the *Framework for Lifelong Learning for Nurses and Midwives Queensland Health - June 2018: Supporting Relationships to Build Capacity: Clinical Supervision* (Queensland Health, 2018a, p. 54).
- The HHS/facility/directorate/service values a sustainable, competent, compassionate, innovative, professional and capable person-centered nursing/midwifery workforce that is encouraged to participate in ongoing self-reflection and continuous learning (Queensland Health, 2018a, p. 8).
- Each nurse/midwife assumes personal accountability and responsibility for professional engagement, their lifelong learning pathway and effective utilisation of professional development opportunities (Queensland Health, 2018a, p. 8).
- The workplace environment supports a culture that fosters the development of nursing/midwifery staff, and lifelong learning that meets clinical, professional and organisational needs (Queensland Health, 2018a, p. 8).

4. Applicability

The Clinical Supervision Framework for Queensland Nurses and Midwives is applicable to all nursing/midwifery groups and individuals.

The *Position Statement: Clinical Supervision for Nurses and Midwives* (ACM et al., 2019) recommends clinical supervision for all nurses/midwives, regardless of their role, area of practice or years of experience. This includes nurses/midwives who do not provide direct clinical care.

Clinical supervision may occur between members of different professions. It may also be provided by staff who are not employed by Queensland Health (external clinical supervision). This document is applicable in both of these circumstances.

5. Clinical supervision in context

Clinical supervision is one of the many supportive professional development activities within nursing/midwifery practice that support nurses/midwives to maintain their knowledge, skills and competence in their professional roles (refer Diagram 1).

While clinical supervision is identified as a discreet mechanism to the other activities identified in Diagram 1, it should be noted that 'reflective practice' and structured 'peer supervision' may also meet the criteria for clinical supervision in some circumstances.

Diagram 1: Supportive Professional Development Activities

Adapted from the Clinical Supervision Guidelines for Mental Health Services (Queensland Health, 2009, p.10)

Table 1: What clinical supervision is and what it is not

What clinical supervision is	What clinical supervision is not
Regular (minimum one hour per month)	Debriefing or a one-off session
Voluntary	Enforced
Confidential (within the agreed limits of confidentiality)	A method of surveillance
Clinician-led. The clinician chooses their clinical supervisor and determines the focus for each session.	Directed learning where the supervisor sets the agenda
Conducted in protected time, away from the practice setting	Counselling or a form of therapy
Focused on the person receiving care, addressing issues of clinical practice and care delivery	Focused on personal issues not related to the workplace
Provided by a clinician who has received education and training in clinical supervision	Provided by line managers or used to address performance-related or managerial issues
A formal, ongoing relationship based on a negotiated agreement	A form of 'on the job' preceptorship or mentoring
Intra-professional (conducted by member of the same profession) or cross-professional (conducted by a member of another profession)	Hierarchical
A process that exists for the purposes of reducing the emotional burden of the work that nurses and midwives do, facilitating professional development and maintaining professional standards	The direct or indirect supervision, monitoring or oversight of a student or a colleague's work practice
A culturally safe and respectful relationship	
Supported by an agreement, referred to as the clinical supervision working agreement (CSWA)	

Adapted from Australian Clinical Supervision Association (2015); Department of Health and Human Services (2018); Queensland Health (2009)

6. Principles of clinical supervision

Clinical supervision:

- should be available to all nurses and midwives regardless of their level or role
- requires a trusting alliance between the clinical supervisor and supervisee(s)
- provides a safe and confidential space for nurses and midwives to critically reflect on their practice
- is a supportive, culturally safe process that contributes to the health and wellbeing of nurses and midwives.

Adapted from Australian College of Midwives et al. (2019a).

7. Functions and benefits of clinical supervision

Effective clinical supervision requires three main functions: restorative, normative and formative (Bond & Holland, 2010; Cutcliffe, Butterworth, & Proctor, 2001).

The restorative function

Nurses/midwives can be affected by the distress and pain of the people that they care for, and they need the appropriate time and space to be able to acknowledge and reflect on the impact that this has on them (Bond & Holland, 2010). Clinical supervision provides this opportunity and has a support and healing component, which provides restoration for the nurse/midwife and helps reduce the emotional burden that is inherent to the role (Begat, Ellefsen, & Severinsson, 2005, Driscoll, Stacey, Harrison Dening, Boyd, & Shaw, 2019; Love, 2017).

Through this work, the nurse/midwife gains insights into their relationship with the person that they care for. The goal is to assist the supervisee to understand the person's presentation, to see them as an individual and to explore any predetermined ideas, blind spots and assumptions (Hawkins & Shohet, 2012).

The normative function

The normative function of clinical supervision supports safe and ethical practice by focusing on competence, accountability and adherence to clinical, organisational and professional standards (Bond & Holland, 2010). It provides the supervisee with an opportunity to examine their values and to be guided through the ethical dilemmas of their practice.

The formative function

Clinical supervision provides the opportunity for learning, development and the strengthening of practice, and aligns with the *Framework for Lifelong Learning for Nurses and Midwives* (Queensland Health, 2018a). It provides an opportunity for nurses and midwives to reflect on their practice and then identify and develop the knowledge and skills required to improve their practice (Bond & Holland, 2010; Proctor, 2011).

Benefits of clinical supervision

Clinical supervision has been shown to contribute to positive outcomes across several domains, aligning to the functions outlined in the previous section.

The clinical supervision process promotes self-evaluation and critical thinking by the clinician (Australian College of Midwives et al., 2019a), which, in turn, can improve the relationships with the people that nurses and midwives care for and the quality of care provided (Hawkins & Shohet, 2012).

<u>Benefits to nurse/midwife clinical practice:</u>

- provides valuable support for junior/graduate nursing staff in the early years of practice (Cummins, 2009)
- maintains professional boundaries (Pettman, Loft, & Terry, 2019)
- supports midwives to find their own solutions and answers to practice issues (Love, 2017).

<u>Benefits to nurse/midwife wellbeing:</u>

- nurses who attend clinical supervision are found to experience 'less physical symptoms, reduced anxiety and fewer feelings of not being in control' (Bégat, et al., p. 229)
- decrease in occupational stress and burnout (Butterworth, Carson, & White,1997 in Hall, 2018; Driscoll 2007 in Love, 2017, p.272, O'Connell, et al., 2011).

<u>Outcomes for people receiving care:</u>

- improved outcomes and satisfaction for patients and clients (Bambling, King, Schweitzer, & Raue P, 2006; White & Winstanley, 2010).

<u>Benefits to the organisation:</u>

- improved graduate nurse staff retention (Cummins, 2009)
- lower prevalence of sick leave (Ashburner, Meyer, Cotter, Young, & Ansell, 2004)
- improved aspects of team functioning, such as communication and cohesion (Dawber, 2013).

8. Governance of clinical supervision

Appropriate governance systems are essential to ensure safety, transparency and accountability of clinical supervision in the workplace. The development

of policies/procedures that articulate the rights and responsibilities of the clinical supervisor, clinical supervisee and the organisation are required. It is also recommended that organisations identify a clinical supervision coordinator to act as a key contact person for the clinical supervision program.

Clinical supervisor preparation, education, training and competence

All clinical supervisors must undertake appropriate and specific education and training in clinical supervision, prior to commencing the role (Queensland Health, 2009). Without suitable training, the clinical supervision delivered may be insufficient and may even be damaging—having the opposite desired effect (Beddoe, 2017).

Further, supervisees will then base the future of their clinical supervision practice on their own experiences, becoming ineffective clinical supervisors themselves (Barnett & Molzon, 2014).

Clinical supervisors should demonstrate warmth, openness, curiosity, and a supportive and engaging manner. They should be a willing listener (Puffett, 2017), reliable, trustworthy, self-reflective and appreciative of feedback (Queensland Health, 2009).

Clinical supervisors should meet the following eligibility criteria for training:

- a preference of five or more years of experience in clinical practice
- demonstrated skills and attributes, as noted above
- current participation in own clinical supervision, preferably for 12 months or longer
- line manager and clinical supervisor endorsement to train as a clinical supervisor.

Training courses vary in length. A minimum of three days (or equivalent) initial training is required, with completion of a one-day refresher course recommended every three years (Queensland Health, 2018b).

Clinical supervisors are also required to engage in their own regular clinical supervision and supervision of supervision (SOS), as outlined on p.13.

It is recommended that organisations include these requirements in their local guidelines/procedures and support clinical supervisors to maintain their professional development within the clinical supervision specialty.

Clinical supervisee education

Clinical supervisees require orientation to local clinical supervision processes. Being a supervisee is an active process (Hawkins & Shohet, 2012) and, therefore, supervisees should accept responsibility for, and receive education on, their role as a supervisee, to assist them in gaining the most benefit from the process (Australian College of Midwives et al., 2019b; Colthart et al., 2018; Lynch & Happell, 2008b).

Part of the preparation for supervisees is to appreciate the need to arrive ready and prepared for clinical supervision. This may include keeping a log of clinical issues and scenarios for discussion. Supervisees should also identify their learning needs and be willing to both accept and provide feedback (Proctor, 2011).

Clinical supervision coordinator

The clinical supervision coordinator is a nominated role that assists the organisation to maintain governance over the clinical supervision program by:

- providing a central point of contact for clinical supervision
- working with the leadership team to monitor, develop and support the clinical supervision program
- maintaining a list of trained clinical supervisors in the workplace
- providing support to line managers, clinical supervisors and supervisees as required.

Documentation

The minimum standard for documentation includes a clinical supervision working agreement (CSWA) and a record of attendance at each session (Queensland Health, 2009).

These records should be kept by both the clinical supervisor and the supervisee, and a copy may be requested by the organisation for data collection and/or reporting purposes.

In addition to this, clinical supervisors and supervisees may negotiate additional record keeping for professional development, memory recall or other purposes. Storage of such records should be negotiated and should generally remain with the nurse/midwife for confidential filing (Queensland

Health, 2009).

Managing issues

If issues arise in the clinical supervisory relationship, they should be addressed by the clinical supervisor and supervisee(s) within clinical supervision in the first instance. If issues are unable to be resolved at this level, they should be escalated via the clinical supervisors' or supervisees' line manager or as per local processes.

In the event of a breach of legislation, ethical or professional guidelines or issues requiring mandatory reporting, the clinical supervisor and supervisee must comply with national, state, Queensland Health and local reporting and documentation requirements.

Supervision of Supervision

Supervision of Supervision (SOS) is an essential requirement for all clinical supervisors. It's purpose is to assist clinical supervisor development (Hawkins & Shohet, 2012). SOS allows the clinical supervisor to examine their clinical supervision practice and how it impacts the clinical supervision process.

It is recommended that novice clinical supervisors receive one hour of SOS for every five hours of clinical supervision practice (Hawkins & Shohet, 2012). This provides support for the new clinical supervisor and, as experience increases, SOS may be incorporated into their regular clinical supervision (as long as it is still addressed).

Organisations can build SOS capacity by identifying and supporting experienced clinical supervisors (who are well supported through their own clinical supervision and other professional development activites) to provide SOS to other nurses/midwives.

Dual relationships

The divergent expectations that are inherent in different roles (such as line manager, friend, close colleague and clinical supervisor) are difficult to manage and should be avoided wherever possible (Australian Clinical Supervision Association, 2015; Scaife, 2001).

Clinical supervision is not line management supervision and should not be used to address performance-related or managerial issues. Clinical supervisors should not be consulted or involved in any performance management issues relating to their supervisee(s). This also includes any assessment of clinical competence or capability.

Evaluation

Clinical supervision should be periodically evaluated to ensure it is meeting the expectations and goals set in the initial CSWA. There are a number of tools specifically designed to assess therapeutic alliance, quality of clinical supervision and outcomes, as outlined in section 12 of this document.

9. Key elements of clinical supervision

Clinical supervisory relationship

The alliance between the clinical supervisor and the supervisee(s) is the central element of effective clinical supervision (Australian College of Midwives et al., 2019b).

This trusting alliance, often referred to as the 'supervisory alliance' or 'working alliance', has three essential components: the bond, task and goal (Bordin, 1983).

The *bond* focuses on how the clinical supervision relationship is developed and maintained. The *task* refers to the critical thinking, reasoning and actions taken to achieve the *goals* that are mutually agreed between the clinical supervisor and the nurse/midwife. Effective clinical supervision requires all three of these elements to achieve its purpose.

To develop and maintain this alliance, clinical supervision:

- is conducted in regular, private and protected time, away from the practice setting
- has effective communication and feedback at its core, is supportive, facilitative and focused on the work issues brought to the session by the supervisee(s)
- is an opportunity to talk about the realities, challenges and rewards of practice and to be attentively heard and understood by another professional
- facilitates supervisee self-monitoring and self-accountability and involves the supervisee learning to be a reflective practitioner

- is predictable and consistent with thoughtful and clear structures, boundaries, processes and goals
- develops knowledge and confidence with a strengths-focus, aimed at building supervisee practice skills and awareness of practice
- is a culturally safe and respectful relationship that has commitment from both the supervisor and supervisee(s)
- is supported by an agreement that is reviewed regularly and includes the extent and limits of confidentiality
- is confidential, within the ethical and legal boundaries of nursing and midwifery practice
- supports supervisees to choose their supervisors
- is provided by professionals who have undertaken specific training in clinical supervision and engage in their own regular clinical supervision
- is not provided by a professional who has organisational responsibility to direct, coordinate or evaluate the performance of the supervisee(s).

(Australian College of Midwives et al., 2019b, p. 2)

Choice

Clinical supervision is a voluntary professional development activity. Clinicians have the choice to participate (or not) in clinical supervision, whether they are a clinical supervisor or a supervisee.

Supervisees should be supported to choose their clinical supervisors and have a choice to participate in individual and/or group clinical supervision where available.

Some staff may choose to access clinical supervision from an external provider. In these cases, the same principles and processes apply.

Confidentiality

Confidentiality in clinical supervision is ensured except in circumstances where there is:

- a breach of the code of conduct of the organisation
- a breach of professional code of ethics
- a breach of duty of care
- concern about the safety of a clinician or consumer
- issues identified that are subject to mandatory reporting.

While the content of clinical supervision is confidential (subject to the above-mentioned exceptions), engagement in clinical supervision is not confidential.

Table 2: Responsibilities of supervisee, supervisor and the organisation

Element	Supervisee	Clinical Supervisor	Organisation
Education and training	To attend/complete appropriate education to have the relevant understanding to be able to participate in clinical supervision (Australian College of Midwives et al., 2019b; Colthart et al., 2018)	To complete appropriate clinical supervisor education and training and maintain ongoing professional development in the role (Australian College of Midwives et al., 2019b)	To provide staff with information on accessing clinical supervision in the workplace. To identify and then support clinical supervisors to attend appropriate education, training and ongoing professional development for the role.
Documentation	To maintain a minimum record of: • the CSWA • when clinical supervision has taken place, or been cancelled To agree on record keeping arrangements with your clinical supervisor (Queensland Health, 2009).	To maintain a minimum record of: • the CSWA • when clinical supervision has taken place, or been cancelled To agree on record keeping arrangements with your supervisee (Queensland Health, 2009).	To store all clinical supervision records securely
Dual relationships	To choose a clinical supervisor who is not a friend, colleague or team member (Australian clinical supervision Association, 2015; Australian College of Midwives et al., 2019b).	To decline requests to supervise friends, colleagues or people that you line manage or have a dual relationship with. To decline requests for a managerial or educational assessment within the clinical supervisory relationship. To manage any dual relationships effectively, should they occur (Australian clinical supervision Association, 2015; Queensland Health, 2009; Scaife, 2001).	To actively honour the clinical supervisory relationship by discouraging dual relationships wherever possible (Australian clinical supervision Association, 2015; Australian College of Midwives et al., 2019b; Queensland Health, 2009).

Element	Supervisee	Clinical Supervisor	Organisation
Boundaries	To be accountable for appropriately addressing any issues that are outside the clinical supervision scope, and to seek appropriate assistance for these.	To set personal limits and professional boundaries on what issues are discussed during clinical supervision. To offer only psychological first aid support for emerging personal issues. To refocus on how quality professional practice can be sustained despite personal difficulties. To encourage supervisee to seek specialist help or advice if necessary.	To clearly articulate boundary expectations and requirements in clinical supervision policy. To address any boundary violations or breaches of confidentiality with sensitivity and respect. To deal with issues promptly and appropriately as required (Queensland Health, 2009).
Evaluation and Feedback	To be open to feedback and be prepared to reflect on its value to your professional development. To give appropriate and meaningful feedback to your clinical supervisor. To adhere to any required or agreed feedback and evaluation processes (Proctor, 2011).	To be open and accepting of feedback and to adhere to any required or agreed feedback and evaluation processes.	To monitor and evaluate clinical supervision processes and identify opportunities for improvement (Lynch & Happell, 2008b; The Bouverie Centre, Ryan, Wills, Whittle, & Weir, 2013).
Clinical Supervision Working Agreement (CSWA)	To clarify the supervision process and its limitations with your clinical supervisor and to keep a written copy of your CSWA.	To work within the parameters of your agreed CSWA and to keep a written copy of this agreement.	To foster a workplace culture that supports the clinical supervisor and supervisee(s) to establish and adhere to a mutually agreed CSWA.
Choice	To choose clinical supervision that meets your individual needs. To clearly communicate with a clinical supervisor if you do not wish to continue in a clinical supervisory relationship and withdraw from a clinical supervisory relationship without prejudice.	To take steps to withdraw from a clinical supervisory relationship without prejudice, if required.	To respect supervisee(s) and clinical supervisor(s) right to choice, including choice of clinical supervisor (Australian College of Midwives et al., 2019b). To maintain a record of trained clinical supervisors within the workplace.

Element	Supervisee	Clinical Supervisor	Organisation
Confidentiality	To understand the parameters of confidentiality and to discuss and agree the boundaries of confidentiality at the commencement of clinical supervision and as required thereafter.	To keep the content of clinical supervision confidential except in explicitly agreed circumstances. To clearly disclose to a supervisee if confidentiality needs to be breached (such as breach of legislation, code of conduct, code of ethics or issues of mandatory reporting) (Queensland Health, 2009).	Not to ask clinical supervisors or supervisees to disclose information discussed in clinical supervision sessions.
Session Times	To negotiate an appropriate time with your line manager and provide adequate notice to roster and shift co-ordinators (Queensland Health, 2009). To protect the time for your clinical supervision by giving the sessions a high priority. To be reliable, attend punctually and adhere to negotiated time boundaries. To provide adequate notice if unable to attend a session.	To negotiate an appropriate time with your line manager and provide adequate notice to roster and shift co-ordinators (Queensland Health, 2009). To protect the time for your clinical supervision by giving the sessions a high priority. To be reliable, attend punctually and adhere to negotiated time boundaries. To provide adequate notice if unable to attend a session.	To support clinical supervision with protected time, flexible rostering and budget allocation (White & Winstanley, 2010). To consider impacts on patient safety, service delivery and clinical workload when negotiating clinical supervision session times.
Session Structure	To use the clinical supervision session in the most effective way. To prepare for the session by identifying professional and/or practice issues that you wish to analyse or reflect on, while remaining open to constructive challenge. To make and follow through action plans that arise from your reflection during clinical supervision (Proctor, 2011).	To prepare for the session by ensuring you're in a pre-arranged location without interruptions and settling yourself beforehand.	To support access to rooms and/or technology to enable nurses/midwives to undertake clinical supervision.

Element	Supervisee	Clinical Supervisor	Organisation
Cultural Considerations	To be open to the exploration of issues of cultural diversity within your clinical care and within the clinical supervisory relationship itself. To raise cultural diversity issues if they are not recognised or addressed by the clinical supervisor.	To recognise and sensitively address issues of cultural diversity within the clinical supervision relationship itself and the clinical relationships that are being reflected on (Soheilian, Inman, Klinger, Isenberg, & Kulp, 2014).	To support clinical supervisor education and training that adequately prepares supervisors to recognise, acknowledge and work appropriately with cultural diversity. To support and adhere to organisational cultural policies, guidelines and frameworks in the development and implementation of clinical supervision programs.

10. Formats

Clinical supervision may be conducted in one-to-one sessions, groups (facilitated by a clinical supervisor), or peer groups (where members rotate leadership of the group). The type of supervision will depend on the workplace environment, the availability of clinical supervisors and the preferences of the supervisee(s).

Clinical supervision may be conducted face-to-face, via videoconference, teleconference or e-supervision. Preferred methods will depend on the geographical and workplace considerations, availability of clinical supervisors and the supervisee(s) preferences.

There are benefits and challenges to each of the formats and these need to be considered when deciding which one will best suit individuals, teams and workplaces.

Table 3 provides an overview of location, length and frequency recommendations, which are negotiated and agreed on by the clinical supervisor, supervisee and line manager.

Table 3: clinical supervision location, length and frequency recommendations

Location	• Private location • Away from practice setting (Australian College of Midwives et al., 2019b; Harvey, Spurr, Sidebotham, & Fenwick, 2020; Key, Marshall, & Martin, 2019; White & Winstanley, 2010)	***Location, length and frequency should be negotiated and agreed on by the clinical supervisor, supervisee(s) and line manager.*** ***In line with other professional development activities, professional development leave can be used to support access to clinical supervision.***

Length	• Generally, 1 hour is recommended (White & Winstanley, 2010) but this may vary depending on the:
	  ○ needs of the supervisee(s)
	  ○ work environment (including geographical location and availability of other professional supports)
	  ○ format of clinical supervision (e.g. group sessions usually 1–2 hours in length)
	  ○ availability of clinical supervisors
	• Sessions of less than an hour are not recommended (White & Winstanley, 2010).	

Frequency	• Generally, once a month (White & Winstanley, 2010) • May vary depending on the work environment and needs of the supervisee(s). For example, supervisees who have moved to a new clinical area may require more frequent sessions for a period, or group clinical supervision in dynamic work environments may be offered to staff on a fortnightly basis (Queensland Health, 2009).	

Group clinical supervision

Groups may be deemed to be *open* or *closed.* In *open* groups, membership is a dynamic and ever-changing landscape (Ziller, 1965). Nurses and midwives may join any *open* group clinical supervision that is in session if the nurse or midwife agrees to abide by the rules of engagement of the group.

In *closed* groups, membership remains constant or is relatively stable (Ziller, 1965) and any potential participant must seek approval from the group membership.

Peer group clinical supervision consists of a group of clinical supervisors who rotate the role of group facilitator. This type of group clinical supervision may be useful for clinical supervisors who wish to receive SOS in a group format.

Table 4 provides a summary of benefits and challenges for each format and may assist in identifying which clinical supervision format will be suited to the individual, team or workplace.

Table 4: Summary of benefits and challenges for individual, group and peer clinical supervision formats

	Benefits	Challenges
Individual clinical supervision	Supervisee receives the clinical supervisor's full attention in relation to his/her practice	Supervisee may feel a level of discomfort at the intensity of the one-on-one interaction
	Opportunity for direct focus on areas of individual practice and development	Greater financial cost than group clinical supervision
	A greater focus on the development of the supervisory alliance	No contribution/different perspectives/feedback received from third parties
	A greater sense of safety and security in the dyad	Supervisee unable to compare practice with others
	Supervisee has an increased responsibility to address own practice issues	
Facilitated group clinical supervision	Supervisees can learn from hearing how others address similar practice issues	Clinical supervisors require specific skills in managing groups (which must be balanced with the ability to effectively supervise the group)
	In providing and receiving feedback, supervisees receive a level of self-confirmation and support, and may experience individual growth	Clinical supervisors are more exposed and may experience anxiety or a lack of confidence in their group supervision competence
	More cost effective than individual clinical supervision	Supervisee confidence or group dynamics may make some individuals less likely to actively participate
	Useful if there is a shortage of clinical supervisors or if clinical supervisors have limited time available	Supervisees have less time focused on their individual practice development needs
	Provides opportunity for diversity and challenge in relation to exploring practice issues and potentially uncovering blind spots	Group clinical supervision requires a significant level of trust in order to be effective
	Potential for increased team cohesion	Potential for a poor functioning group to have a negative impact on the supervisees and the supervisory process
	Cost-effective method of providing SOS for clinical supervisors	All supervisees must be trained clinical supervisors and be willing/able to take turns at facilitating the group
Peer group clinical supervision (no designated facilitator)	Supervisees can experience the role of both learner and educator as they provide, and benefit from, the knowledge, experience and wisdom in the peer group	Supervisees must develop clear rules of engagement, and ways of working, which must be reinforced by the group membership to ensure the success of the group function
	Supervisees can negotiate and determine how the group is conducted	Trust is developed over time and the group may need to begin as a closed group until this is established
	Supervisees share responsibility for the success of how the group performs.	Supervisees may be reluctant to challenge each other for fear of offending, creating anxiety, or fracturing a relationship
	Membership can be mutually agreed by members	Unconsciously, the group may appoint a 'de facto' supervisor based on knowledge or skill

Sourced from Moloney, Vivekanda, & Weir, 2007 in The Bouverie Centre et al. (2013, pp. 23-25)

11. Implementation and sustainability of clinical supervision

Queensland is the second largest state in Australia and its 16 HHSs cover rural and remote areas, which provide unique challenges to identifying clinical supervision processes that will work best for their nurses/midwives, teams and organisations. The supervisee, clinical supervisor and organisation each play an integral part in the success of clinical supervision in the workplace. This section will outline some of the key considerations when planning to introduce clinical supervision in the workplace.

Implementation planning

The importance of a well-articulated implementation plan is an essential component to the successful introduction of clinical supervision in the workplace (Colthart et al., 2018; Department of Health and Human Services, 2018; Driscoll et al., 2019; Evans & Marcroft, 2015; Hall, 2018; Hawkins & Shohet, 2012; Kenny & Allenby, 2013; Key et al., 2019; Lynch & Happell, 2008b; Pollock et al., 2017).

Factors associated with successful implementation include:

- the organisational context and culture (Driscoll et al., 2019; Cleary et al., 2010 in Gonge & Buus, 2016; Lynch & Happell, 2008b)
- use of a 'top down' 'bottom up' approach, where leadership support for implementation is balanced with staff consultation and genuine involvement in development of programs (Hawkins & Shohet, 2012; p.243-244, Lynch & Happell, 2008b)
- providing support to new clinical supervisors (Dilworth et al., 2013 in Driscoll et al., 2019)
- support of nurse unit managers (White & Winstanley, 2010).

However, there are several barriers that may impact on the implementation of clinical supervision programs, and these include:

- negative interpretation of the term 'clinical supervision' (Driscoll et al., 2019)
- a poorly coordinated implementation approach (Lynch & Happell, 2008b)
- a lack of trained, available clinical supervisors (White &Winstanley, 2009)
- the amount of time and resources required to plan and implement a clinical supervision program that will meet the unique needs of the individual team or workplace (Driscoll et al., 2019; Lynch & Happell, 2008b).

Effective implementation and sustainability

The key steps for effective implementation and sustainability of clinical supervision programs are outlined below, using an adaptation of the Lynch Model of Implementation and other key examples from the literature (Colthart et al., 2018; Driscoll et al., 2019; Gonge & Buus, 2016; Hawkins & Shohet, 2012; King & Mullan, 2008; Love, 2015; Lynch & Happell, 2008b; White & Winstanley, 2010). Please refer to the Clinical Supervision Implementation Factsheet (Appendix 2.4) for further details on implementation.

Implementation stages:

1. Consider the options and decide whether clinical supervision is the mechanism of support that the organisation wants to pursue at that designated time. Implementing a sustainable clinical supervision program can involve a considerable investment of time and effort.
2. Examine the organisational culture and factors that will support or impede implementation
3. Mobilise organisational support
4. Develop a clinical supervision strategic plan
5. Implement the clinical supervision strategic plan
6. Evaluate the program.

White and Winstanley (2010) recognise that clinical supervision needs to be considered as an essential component of practice, like handover, if it is to be fully integrated into the workplace (White & Winstanley, 2010).

12. Clinical supervision evaluation

Evaluation is an important component of clinical supervision and should be conducted regularly. It assists organisations to monitor the quality and effectiveness of clinical supervision, to rationalise its use and to secure funds and resources to support ongoing clinical supervision programs (Driscoll et al., 2019; Lynch & Happell, 2008a).

Evaluations should be conducted by organisations, the clinical supervisor and supervisee(s), and evaluation methods and frequency should be discussed and agreed at the commencement of each supervisory relationship.

Informal evaluation

This involves regular feedback between the supervisee(s) and the clinical supervisor. It may also include the supervisee', and clinical supervisors', own reflection on their performance.

This feedback may occur verbally or in the form of a written reflection.

Formal evaluation

Formal evaluation should be conducted at regular intervals. There are multiple instruments that may assist with formal evaluations of clinical supervision; these include but are not limited to:

- CSEQ—the Clinical Supervision Evaluation Questionnaire (Horton, Drachler, Fuller, & Leite, 2008) measures supervisees' perspectives on the quality of group clinical supervision. The author's permission is required for use but there is generally no cost associated with its use.
- LASS—the Leeds Alliance in Supervision Scale (Wainwright, 2010) is a very brief three-question scale to assess supervisees' perspectives on the quality of the clinical supervision relationship. It can be used for individual or group clinical supervision. Generally, there is no cost associated with the use of this tool.
- MCSS-26—this research scale was previously known as the Manchester Clinical Supervision Scale and is used to measure the efficacy of clinical supervision from the perspective of the supervisee. This copyrighted scale requires the purchase of an appropriate licence for use (White Winstanley Ltd, 2020).
- WAI—the Working Alliance Inventory is a licenced tool that can be used by the supervisor, supervisee and/or an observer to assess the clinical supervision relationship. Permission must be obtained for use (Horvath, 2020).

The focus of the evaluation may be on the clinical supervisor, the supervisee, the clinical supervisory relationship or other factors, such as:

- outcomes of the person receiving care
- effects on staff morale
- burnout
- sick leave
- recruitment and retention.

13. Conclusion

The clinical supervision journey is one that requires consideration, commitment and planning before commencement. Appropriate preparation, leadership support, wide consultation, governance systems, and choice are essential to the successful implementation of any clinical supervision program in the workplace.

Each HHS/facility/directorate/service will need to forge its own path and implement programs that meet their unique needs. Consideration of geographical location, clinical workloads, leadership and culture are paramount—there is no one recommended pathway to suit every workplace.

The clinical supervision path is long and there are barriers to overcome. Organisations will need to be patient and considered as they plan and implement clinical supervision programs to meet the needs of their workforce.

It is clear that clinical supervision has a positive effect on compassion satisfaction and nurse/midwife wellbeing—it reduces the emotional burden of the work that nurses/midwives do, which, in turn, improves the experience for the people that nurses/midwives care for. Clinical supervision builds confidence, encourages critical thinking, supports safe and ethical practice, and provides opportunities for learning and professional development.

At its core, clinical supervision is about nurses and midwives supporting each other to provide individualised, safe, quality care. In order for this to happen, clinical supervision must be embedded in practice and prioritised by all staff. With transformational leadership, commitment, time and careful planning, organisations can start to build this culture of clinical supervision for nurses and midwives in Queensland.

The clinical supervision journey for nurses and midwives in Queensland is an exciting and hopeful one. It provides an opportunity for restoration, growth and discovery for the nursing and midwifery workforce, with the ultimate goal of improving health and satisfaction outcomes for the people of Queensland.

Appendices

Appendix 1: Glossary

Term	Definition
Clinical supervision	Clinical supervision is a formal professional relationship between two or more people in designated roles, which facilitates reflective practice, explores ethical issues and develops skills (Australian Clinical Supervision Association, 2015).
Clinical supervision coordinator	A nurse or midwife who is a key contact person for clinical supervision within the workplace.
Clinical supervision program	A system of administration, policy, education, training, evaluation, governance and support for clinical supervision in the workplace.
Clinical Supervision Working Agreement (CSWA)	A negotiated agreement that outlines the roles and responsibilities of the clinical supervisor and supervisee(s) within a clinical supervisory relationship. In most cases it will be a signed written agreement but, in some cases (such as open group clinical supervision), it may be verbally contracted by the members. May also be referred to as a contract. The collaborative nature of reaching agreement is also the vehicle for development of the relationship or the alliance (Proctor, 2011).
Clinical supervisor	A skilled professional who assists practitioners in their self-evaluation, critical thinking and overall professional development. A clinical supervisor has completed appropriate education and training in the role and must not be the line manager or friend of a supervisee.
Cultural awareness	Being mindful of the similarities and differences in values, beliefs and orientations of individuals and groups.
Cultural diversity	Cultural diversity encompasses the wide range of differences across the workforce and community. It includes inherent characteristics such as age/generational differences, ethnicity, intellectual and/or physical ability, cultural background, sexual orientation and/or gender identity. Diversity also refers to less visible aspects such as education, socioeconomic background, faith, marital status, job level, family responsibilities, experience, and thinking and work styles (Diversity and inclusion HR Policy G2, 2016).
Cultural safety	Cultural safety requires having knowledge of how one's own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues (Code of Conduct for Midwives, 2018).
Debriefing	A process of reviewing circumstance or events in order to provide support and obtain understanding of cause and effects.
Group clinical supervision	A group of individuals with a consistent membership who meet regularly to reflect on their own individual clinical practice in order to develop a greater understanding of practice (Bond & Holland, 2010). Group clinical supervision is facilitated by a designated clinical supervisor.
Individual clinical supervision	A nurse or midwife involved in one-on-one clinical supervision with an approved clinical supervisor.
Line management supervision	Refers to the day-to-day management and organisational supervision required to assist staff with the performance of duties, the adherence to policy and legislative requirements, and the attainment of organisational goals.
Mentorship	A voluntary, long-term, multifaceted developmental relationship where personal, psychological support and career guidance is provided to the mentee by a more experienced person (Queensland Health, 2018a).
Operational supervision	Refers to the day-to-day management and organisational supervision required to assist staff with the performance of duties, the adherence to policy and legislative requirements, and the attainment of organisational goals.

Peer group supervision	A group of peers who meet to reflect on their practice. Peers rotate the role of facilitator among the group, rather than having a designated facilitator (Martin, Milne, & Reiser, 2018). Peer supervision is a separate support mechanism to clinical supervision and should be used as an adjunct (not a replacement) to clinical supervision.
Peer group clinical supervision	A group of peer clinical supervisors who meet for group clinical supervision. The role of facilitator is rotated among the group participants.
Peer supervision	An arrangement where peers work together for mutual benefit (Benshoff, Counselling, & Student Services, 1994). It may be conducted in pairs or groups.
Peer support	Focuses on staff wellbeing and promoting meaningful relationships between peers (Peer Support Program Deployment Guidelines, 2019).
Person receiving care	Used to refer to a person whom the nurse/midwife provides care for. Can be used interchangeably for terms such as a patient, woman, consumer, client, carer, family and/or resident.
Preceptorship	A formal, pre-planned relationship between an experienced and newly registered/ transferred nurse/midwife during which he/she is transitioned to the work environment; supported to develop their competence and confidence as an autonomous professional; refine their skills, values and behaviours; and continue their journey of life-long learning (Queensland Health, 2018a).
Professional supervision	Refers to organisational supervision that monitors standards and performance and assists with the performance of duties and adherence to policy and legislative requirements.
Reflective practice	A process of reviewing and analysing practice in order to develop professionally. Can be undertaken individually (e.g. reflective journal), in a dyad or in a group situation.
Supervisee	A nurse or midwife who is engaged in the process of clinical supervision to reflect on and improve their professional practice, with an appropriately trained clinical supervisor.
Supervision of Supervision (SOS)	The process of a clinical supervisor reflecting on their supervisor role during their own clinical supervision. It assists supervisors to meet their formative, normative and restorative needs. Supervision of Supervision should only be provided by experienced clinical supervisors (Queensland Health, 2009).
Supervisory alliance	Consists of a trusting alliance between the clinical supervisor and the supervisee and is the basis for effective clinical supervision. It is synonymous with 'working alliance' (Australian College of Midwives et al., 2019b; Crockett & Hays, 2015).
Supervisory relationship	A relationship that exists between a clinical supervisor and a supervisee. A strong and trusting supervisory alliance is the cornerstone of an effective clinical supervisory relationship (Australian College of Midwives et al., 2019b; Crockett & Hays, 2015).
Working alliance	Consists of a trusting alliance between the clinical supervisor and the supervisee and is the basis for effective clinical supervision. It is synonymous with 'supervisory alliance' (Australian College of Midwives et al., 2019b; Crockett & Hays, 2015).

Appendix 2: Clinical supervision factsheets

2.1 What to expect in a preliminary clinical supervision session—a fact sheet for supervisees

What is the preliminary clinical supervision session?

The preliminary clinical supervision session provides an opportunity for you to meet with your prospective clinical supervisor to decide whether you would like to work together. The aim of this session is to attempt to establish a relationship and rapport, and discuss the ways in which you would like to work together and explore goals and expectations. This session will assist you in determining if you would like to work together on an ongoing basis.

What should I expect?

This is an opportunity for you, as the supervisee, to determine whether you feel a sense of comfort or 'fit' with your potential clinical supervisor. This may not always happen and should not be seen as a loss or a failure.

Research indicates that the strength of the initial contact may be indicative of the development of an effective clinical supervision relationship; therefore, it's important that both parties feel comfortable during this initial meeting.

While this initial meeting should feel like a conversation between you and your supervisor, there are several issues that your clinical supervisor will raise for discussion. The purpose of this is to negotiate the ways in which you and your clinical supervisor will work together, to ensure you have a shared understanding of expectations of each other and the clinical supervision process.

Topics that are likely to be discussed in this first session include:

- booking session dates, rooms and times
- best methods of communication
- how to schedule or cancel a session
- confidentiality—what is confidential and what is not. What process will be undertaken if a legal, ethical or mandatory reporting issue needs to be escalated?
- documentation—what records will be kept, where will they be stored and for how long?
- establishing goals and preparing topics for future clinical supervision sessions. This involves exploration of what content may be helpful for you to bring for discussion in clinical supervision.
- how you will evaluate the clinical supervision sessions and how frequently this will occur.

How should I prepare for this preliminary clinical supervision session?

All potential supervisees should receive an orientation or introduction to clinical supervision in their workplace, prior to selecting a clinical supervisor. This may be a face-to-face session, or in the form of an online education session or video.

Before you attend the preliminary clinical supervision with your chosen supervisor, you should prepare any questions that you would like to ask. They may be related to concerns or queries you have regarding any aspect of clinical supervision; whether it be regarding confidentiality, record keeping or finding time for clinical supervision in your busy work schedule, this is a great opportunity to raise those issues.

As this session is dedicated to establishing the ways that you and your clinical supervisor will work together, you do not necessarily need to prepare a clinical case for reflection.

Deciding whether to establish a Clinical Supervision Working Agreement

At the end of this preliminary clinical supervision session, you and the clinical supervisor should have an idea of whether you would like to continue to work together. Sometimes this is very clear to both parties and other times it will be less clear.

The working alliance between the clinical supervisor and supervisee is one of the most important factors in effective clinical supervision and, therefore, both parties should feel comfortable when entering the relationship. It's for these reasons that it's also important that both parties feel comfortable to withdraw from the relationship without prejudice.

It does take time to establish a working alliance and sometimes you may need to meet with your clinical supervisor several times before you are comfortable that you would like to work with that person. The literature suggests that it can take up to five one-hour sessions to achieve this level of comfort.

The topics that you have discussed during the preliminary clinical supervision session will form the basis of the Clinical Supervision Working Agreement (CSWA). As noted above, it may take a few sessions to decide whether you would like to work together but once this has been established your CSWA should be finalised.

What happens next?

If you decide not to proceed past the preliminary session with a particular clinical supervisor, please be clear and let them know that. If both you and the clinical supervisor agree that you would like to work together, then the work that you have done to this point will assist you in completing the CSWA. This document should contain the key points that you have agreed with your clinical supervisor, including how often (and for how long) you have agreed to meet, your goals and expectations and how you intend to evaluate the sessions. Both the clinical supervisor and supervisee should keep a copy of this document, and you may also be required to provide a copy to your line manager or other contact person in the workplace.

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2.2 Clinical supervision—FAQs

What is clinical supervision?

Clinical supervision is a process whereby nurses/midwives can meet voluntarily to discuss and reflect on their clinical practice. This occurs either one-on-one or in a group setting. Nurses and midwives may meet face to face in dyads, in small groups of 6–8, or via e-supervision (telephone, video or email).

The work of nurses and midwives in contemporary healthcare settings is both demanding and burdensome. Clinical supervision provides a forum for nurses/midwives to receive support and restoration and to maintain safety of practice by reinforcing the ethics and legalities of practice. It further provides an opportunity for learning, which ultimately strengthens and develops practice.

Is clinical supervision confidential?

The fact that a nurse or midwife engages in clinical supervision is **not confidential.** Workplaces will usually keep a record of staff involved in clinical supervision activities that are conducted during work time.

However, the content of the nurse/midwife's clinical supervision **is confidential** unless it breaches ethical or legal boundaries of nursing and midwifery practice. The parameters of confidentiality should be clearly articulated in the written CSWA for both individual and group clinical supervision.

What is the difference between clinical supervision and therapy?

Clinical supervision is not therapy. Therapy focuses on personal issues, with an aim of achieving personal growth. Clinical supervision focuses on professional practice issues, with the objective of professional development. The focus of clinical supervision is to assist nurses and midwives to manage and resolve clinical practice issues and challenges in order to develop their practice as a nurse or midwife. Individual development often occurs but this is through focusing a lens on professional practice not on personal issues.

Don't I already receive clinical supervision from my line manager?

Line management supervision is different to clinical supervision. In line management supervision the line manager seeks to support the nurse/midwife to meet professional standards and to assist them to identify clinical, professional and career development goals that align with the organisation's needs.

In clinical supervision, clinical supervisors seek to understand what the individual nurse/midwife hopes to achieve and then supports them in achieving their goals. Therefore, the relationship an individual nurse/midwife will have with their clinical supervisor versus their line manager differs in terms of purpose, agenda, autonomy and goal setting.

How do I find the time for clinical supervision?

The world of healthcare is often busy and chaotic. As with all professional development activities, clinical supervision can be scheduled and facilitated to suit individual practice environments. While this can certainly be a challenge in some workplace environments, nurses/midwives have found creative ways to support each other to access this valuable support. The evidence would also suggest that the busier nurses and midwives become, the greater their need for clinical supervision.

What do I get out of clinical supervision?

Clinical supervision, delivered effectively, consists of three component parts:

Restorative

Clinical supervision has a support and healing component that provides restoration. It provides nurses/midwives with a safe and supportive space to think about and reflect on the work they do. This can empower nurses/midwives to deal with workplace issues better and supports their wellbeing.

Normative

The normative function of clinical supervision supports safe and ethical practice by focusing on competence, accountability and adherence to clinical, organisational and professional standards.

Formative

Clinical supervision provides the opportunity for learning, development and the strengthening of practice as part of professional development. It has been shown to improve practice by supporting nurses/midwives to find their own solutions and answers to practice issues.

How does clinical supervision work?

Clinical supervision should occur regularly in a private space, and in a protected time, away from the clinical practice area. Nurses and midwives are supported to choose their clinical supervisor and to decide which professional issues they would like to discuss. It should be noted that line managers **should not** provide clinical supervision to their own staff.

What should I expect in clinical supervision?

During your initial session, expectations should be clearly articulated to all participants in relation to structure, boundaries, objectives and goals. Relationships developed in clinical supervision should be respectful, supportive and culturally safe.

How will I prepare to engage in clinical supervision?

Nurses and midwives should receive an introduction to the clinical supervision process and how to become a supervisee. Clinical supervisors must receive adequate preparation, training and ongoing support to undertake their role.

How can I become a clinical supervisor?

All clinical supervisors must undertake appropriate and specific education and training in clinical supervision prior to commencing in the role. Clinical supervisors should meet the following eligibility criteria for training:

- five or more years of experience in clinical practice
- demonstrated clinical supervisor skills and attributes, such as warmth, openness and curiosity
- current participation in own clinical supervision, preferably for 12 months or more
- line manager and clinical supervisor endorsement to train as a clinical supervisor.

How can I find out more about clinical supervision?

If you have not received any information about clinical supervision in your workplace, check with your line manager—they may be able to assist. Some workplaces will have contact people, procedures or guidelines in place to assist. If your workplace does not have an established clinical supervision program yet, you can still access clinical supervision from external providers.

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2.3 Line manager—FAQs

My staff have asked for clinical supervision. What is it?

Clinical supervision is a process whereby nurse/midwives meet voluntarily with a clinical supervisor to discuss and reflect on their clinical practice, with the goals of: providing support; maintaining safety; developing practice; and improving the care experience for the people that nurses/midwives care for.

Should all nurses and midwives attend clinical supervision?

While clinical supervision is recommended for all nurses and midwives, it is a voluntary professional development activity and some nurses/midwives may choose not to participate.

How do I find a clinical supervisor for my staff?

Does your workplace/service/HHS have a clinical supervision program in place? If so, there should be a contact person who holds a list of available clinical supervisors. If there are no available clinical supervisors in your area, then you may want to discuss the possibility of implementing clinical supervision with your nursing director. This process takes time and commitment but is more sustainable in the long term. In the meantime, you may be able to develop a partnership with a service/workplace/HHS that has an established program or access an external clinical supervisor (the Australian Clinical Supervision Association maintains lists of clinical supervisors on their website).

My staff member wants an external clinical supervisor—do I need to pay for this?

No. Staff may choose to access an external clinical supervisor and this would generally be funded in the same manner as other professional development entitlements.

We are a remote service—how can we access clinical supervision?

Clinical supervision can be conducted via telephone, video or email. You may find that some clinical supervisors will have capacity to travel to regional or remote areas, at the cost of your service.

How do staff choose between group and individual clinical supervision?

This is a personal choice. There are different benefits and challenges to both (as described in the Clinical Supervision Framework). Initially, decisions around this may be based on clinical supervisor availability and staff preferences. Ideally, all staff should be offered individual clinical supervision, with group clinical supervision being a powerful adjunct.

Does clinical supervision have to be conducted in work time?

Clinical supervision is a professional development activity and, therefore, should be conducted in work time. In line with other professional development activities, professional development leave may be used to access clinical supervision.

One of my staff has trained as a clinical supervisor. Can they supervise their colleagues?

No. A clinical supervisor cannot supervise someone in their clinical area, or someone that they have a dual relationship with (e.g. someone they line manage, or a friend).

My staff member has found a clinical supervisor who is an hour's drive from our service, so their round trip for clinical supervision is three hours. Should I approve this?

It is important that the supervisee is able to choose their clinical supervisor, and some people may be prepared to travel a considerable distance for this. Depending on your work environment, and availability of local clinical supervisors, it may not be reasonable to approve extended travel time within working hours. You should check whether your workplace has a policy or procedure addressing this.

My staff member has found a clinical supervisor but I don't know if they have completed a training course. Is this okay?

To access clinical supervision in work time, the clinical supervisor should meet the criteria outlined in the Clinical Supervision Framework. It is reasonable to ask a nurse/midwife to provide the required details for their chosen clinical supervisor, prior to approving leave to attend. If the person does not meet the criteria for a clinical supervisor, they may still offer support to the clinician (e.g. debriefing, mentoring, peer support) but it is not clinical supervision.

We had a busy shift and were unable to replace sick leave. A staff member had clinical supervision pre-arranged and left the ward anyway. Is this okay?

Session times need to be negotiated with line managers in advance. If there's an unforeseen increase in clinical workload, then all steps should be taken to support the nurse/midwife's attendance at clinical supervision. If this is not possible, then the clinical supervision session may need to be rescheduled.

My staff member has been receiving clinical supervision for some time and their practice issues are not improving. Can I ask their clinical supervisor for updates on their progress?

No. The content of clinical supervision is confidential (unless it breaches ethical or legal boundaries of professional practice) and, therefore, clinical supervisors cannot discuss issues raised in the sessions and should not be asked to do so.

An issue has occurred with a staff member. Should I notify their clinical supervisor of this so they can help the staff member during their clinical supervision sessions?

No. Clinical supervision sessions are clinician-led and supervisees will choose which clinical issues they want to discuss during each session. Clinical supervisors should not be approached with information about their supervisees.

If I can't ask a clinical supervisor for updates or feedback, how do I know that the sessions are worthwhile?

There are a number of ways that clinical supervision can be evaluated, and it is recommended that organisations collect this data. Please see the Clinical Supervision Framework for more information on evaluation methods.

2.4 Clinical supervision implementation factsheet

The importance of a well-articulated implementation plan has been widely recognised in the international literature (Driscoll et al., 2019; Evans & Marcroft, 2015; Hall, 2018; Hawkins & Shohet, 2012; Kenny & Allenby, 2013; Key et al., 2019; Lynch & Happell, 2008a; Pollock et al., 2017).
The key features of successful implementation of clinical supervision programs have been summarised below, using an adaptation of the Lynch Model of Implementation and other key examples from the literature (Colthart et al., 2018; Driscoll et al., 2019; Gonge & Buus, 2016; Hawkins & Shohet, 2012; King & Mullan, 2008; Love et al., 2017; Lynch & Happell, 2008a; Lynch & Happell, 2008b; White & Winstanley, 2010).

1. Consider the options

Is clinical supervision the mechanism of support that the organisation wants to pursue? The organisation needs to have a clear understanding of what clinical supervision is and whether this, or another support strategy, is what is required to meet organisational goals.

2. Assess organisational culture

Knowledge of the culture of the organisation is vital and developing a level of interest and curiosity within the organisation in relation to clinical supervision is essential.

The context in which clinical supervision is implemented has been identified as more important than the clinical supervision itself and organisations with strong cultures of learning and innovative leadership have greater success.

Clinical supervision as a concept must also be perceived by the organisation as valued and essential to the practice of nursing. It must be incorporated into nursing practice in the same manner that clinical handover is valued and incorporated into the practice of nursing.

Identify forces of influence

The organisation examines and prioritises forces that will support or provide resistance to the implementation of clinical supervision. There is also a need to identify differences in the level of power or influence in 'pushing and resisting' forces for the implementation of clinical supervision.

Strategies that have been demonstrated to support successful implementation (also known as 'pushing forces') include:

- staged implementation
- guidelines agreed
- clinical supervision champions
- designated clinical supervision coordinator
- providing information to potential supervisees (that focuses on the supportive nature of clinical supervision)

Factors that have negative impacts on the implementation of clinical supervision implementation (also known as 'resisting forces') are:

- lack of support from the organisation
- lack of support from line managers
- a negative interpretation of the term 'clinical supervision'
- a culture of mistrust.

3. Mobilising organisational support

Involves the identification of resources required to progress the clinical supervision program further. Resources could include time and space, budget, personnel and the identification of clinical supervision champions. Once

these details are established, a decision can be made on whether resources are available to progress with implementation.

4. Developing the clinical supervision strategic plan

Successful implementation of a clinical supervision program requires consideration of the individual culture of the organisation and the supervisees' needs, as opposed to the use of an 'expert' clinical supervision model.

A negative interpretation of the term 'clinical supervision' has also been identified as a challenge; therefore, communicating a clear definition of clinical supervision is vital if it is not to be confused with other forms of supervision or professional support such as line management supervision or preceptorship/mentorship/clinical education or facilitation.

Clearly articulating the aims and objectives of clinical supervision, as opposed to other organisational strategies, is integral. Developing a clinical supervision marketing strategy, which provides a consistent and single-minded message about what clinical supervision is (and is not), can assist to achieve this in the implementation phase.

Strategic development includes consultation with key stakeholders and wide consultation across all levels of nursing. The concept of having a 'top down, bottom up' approach has been highlighted as a crucial success factor. This concept recognises that leadership support for implementation, and sustainability of clinical supervision programs and the identification of leadership champions, is imperative to the success of the program. This should be balanced with staff consultation ('bottom up' approach) and genuine involvement in the development of clinical supervision programs (note that the support of nurse unit managers is a key requirement for successful implementation).

A high degree of consultation is required and the use of focus groups, interviews and meetings with key personnel is suggested. The findings from the consultation process should inform the development of the clinical supervision program. The strategic plan should also address the management of factors identified as 'pushing' or 'resisting' forces.

5. Implementing the clinical supervision strategic plan

During this stage, a clinical supervision committee/working party should be established and a clinical supervision coordinator appointed. Policies/guidelines, systems of governance, clinical supervisor training, supervisee awareness sessions, and marketing and communication strategies are developed and implemented. Providing support to new clinical supervisors is also integral to the successful implementation of clinical supervision programs.

This stage should also include the introduction of clinical supervision activity in a small, distinct clinical setting initially, with expansion to other areas as part of a staged implementation plan.

Addressing the culture of the organisation several times during implementation is imperative in order to respond to changing climate and evolving need.

6. Evaluation

Evaluation of the success of the clinical supervision project is required. This involves assessing outcomes, the sustainability of the program and identifying whether any of the steps undertaken on the clinical supervision journey need to be repeated. There is a need to gather evidence that captures the impact and outcomes the clinical supervision program may be influencing or achieving. This is particularly important in 'winning the resource argument' (Butterworth & Faugier 1992; p. 232 in Lynch & Happell, 2008b, p.71).

Conclusion

Implementation of clinical supervision programs have been noted to be lengthy and demanding. A poorly coordinated approach to clinical supervision implementation is problematic as it can reaffirm some of the myths of clinical supervision and reduce or negate the potential benefits.

In navigating this journey it is, therefore, vital to consult widely and to establish a program that is the best fit for the individuals, teams and culture of the organisation.

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Appendix 3: Clinical supervision resources

3.1 Sample individual Clinical Supervision Working Agreement/Contract

Clinical Supervision Working Agreement

Clinical supervisee	
Clinical supervisor	
Goals and expectations	
Clinical supervisee goals	
Clinical supervisor expectations	
Structure of supervision sessions	
Frequency **Duration** **Location**	
Evaluation of clinical supervision sessions	
Evaluation method	
Evaluation frequency (recommended 3 months initially and then 12 monthly thereafter)	
Limits to confidentiality	To be clearly outlined and agreed to by clinical supervisor and clinical supervisee
Supervision records	Record-keeping arrangements to be discussed and agreed on, including appropriate storage of any clinical records
Content of supervision	To be negotiated in confidence between supervisee and clinical supervisor. This should include a list of the knowledge and skills that the supervisee would like to develop in supervision sessions and should be regularly reviewed and renegotiated between the clinical supervisor and supervisee.

Supervisee name:	**Clinical supervisor name:**
Signature:	**Signature:**
Date:	**Date:**

3.2 Sample group Clinical Supervision Working Agreement/Contract

Group Clinical Supervision Working Agreement

Clinical supervisor(s)	
Group supervision frequency/duration/location	
Goals and expectations	
Clinical supervisee(s) goals	
Clinical supervisor(s) and supervisees expectations	
Evaluation of clinical supervision sessions	
Evaluation method and frequency	
Limits to confidentiality	To be clearly outlined and agreed to by clinical supervisor and clinical supervisee
Supervision records	Record keeping arrangements to be discussed and agreed on, including appropriate storage of any clinical records
Content of supervision	To be negotiated in confidence between supervisees and clinical supervisor(s) and should be regularly reviewed and renegotiated between the supervisor(s) and supervisee(s)

Supervisor name:	**Supervisor name:**
Signature:	**Signature:**
Date:	**Date:**

Supervisee name:	Supervisee name:
Signature:	Signature:
Date:	Date:

Supervisee name:	Supervisee name:
Signature:	Signature:
Date:	Date:

Supervisee name:	Supervisee name:
Signature:	Signature:
Date:	Date:

Supervisee name:	Supervisee name:
Signature:	Signature:
Date:	Date:

Supervisee name:	Supervisee name:
Signature:	Signature:
Date:	Date:

3.3 Attendance sheet sample

Clinical Supervision Attendance Sheet

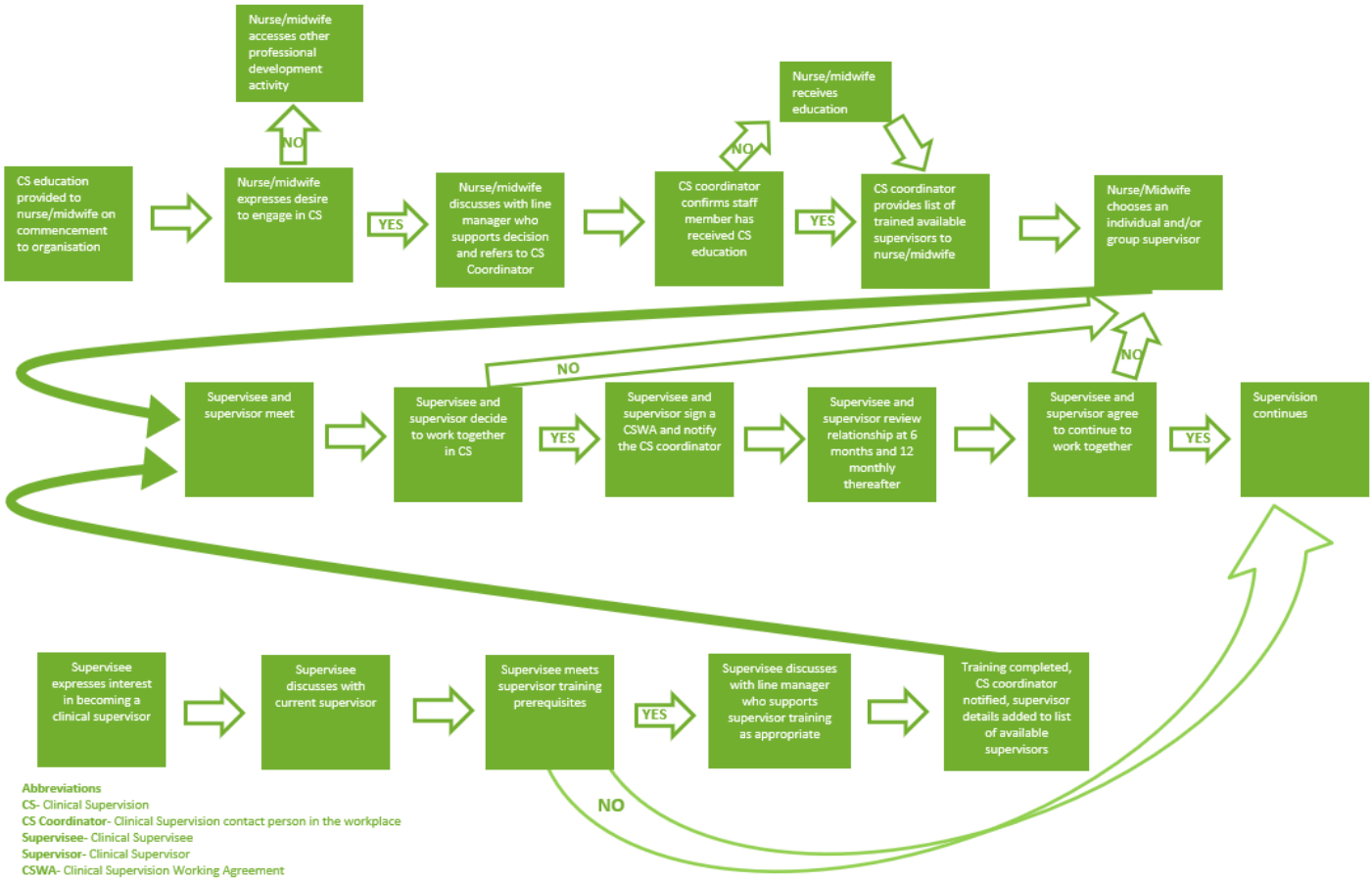
Clinical supervisor name:

Clinical supervisee name:

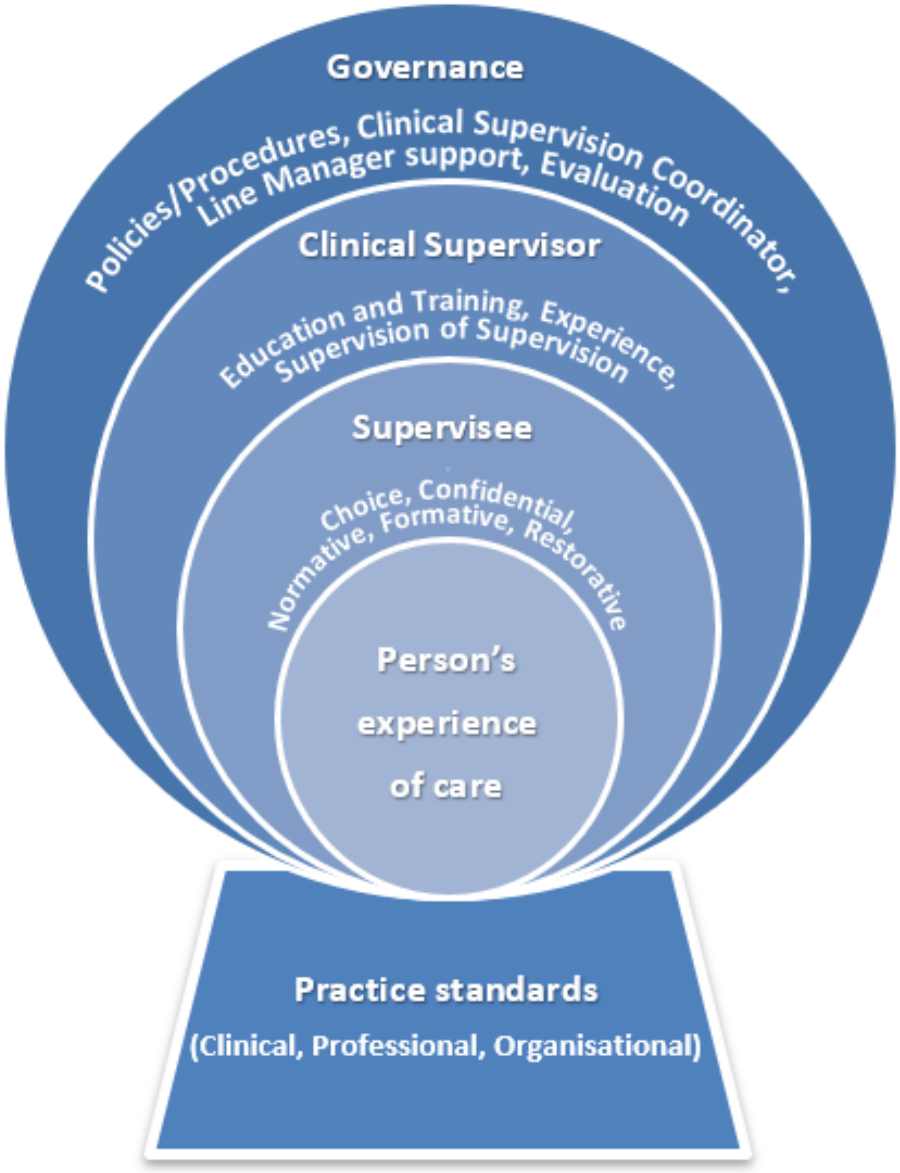
Date	Time	Type of contact	Comments	Supervisor/supervisee signatures (if required)

Type of contact	Code	Type of contact	Code	Type of contact	Code
Individual	I	Face to face	F	Video	V
Group	G	Phone	P	Email	E

3.4 Clinical supervision process flowchart



3.5 Diagrammatical representation of clinical supervision framework



3.6 Sample procedure

Purpose and intent

This hospital health service (HHS) promotes a culture of lifelong learning that aligns with Section 12.3 of the *Framework for Lifelong Learning for Nurses and Midwives Queensland Health—June 2018: Supporting Relationships to Build Capacity: Clinical Supervision* (Queensland Health, 2018, p. 54). The value of clinical supervision for all nurse/midwives is recognised for its contribution to quality care and staff wellbeing.

Clinical supervision is defined as:

> '*A formally structured professional arrangement between a supervisor and one or more supervisee(s). It is a purposely constructed regular meeting that provides for critical reflection on the work issues brought to that space by the supervisee(s). It is a confidential relationship within the ethical and legal parameters of practice. Clinical supervision facilitates development of reflective practice and the professional skills of the supervisee(s) through increased awareness and understanding of the complex human and ethical issues within their workplace*'.

(Australian College of Midwives, Australian College of Nursing, & The Australian College of Mental Health Nurses inc., 2019, p.2)

Scope and target audience

The term clinical supervision has several other meanings and applications in healthcare. For the purposes of this document, clinical supervision does not refer to the direct or indirect supervision of a student or a colleague's work practice (including observational assessment), nor does it refer to managerial supervision or mentorship (Australian College of Midwives et al., 2019; Martin et al., 2017; HETI, 2013).

This procedure applies to all nurses/midwives employed within the HHS.

Principles

As outlined in the *Clinical Supervision Framework for Queensland Nurses and Midwives* (2021), clinical supervision:

- should be available to all nurses and midwives regardless of their level or role
- requires a trusting alliance between the clinical supervisor and supervisee(s)
- provides a safe and confidential space for nurses and midwives to critically reflect on their practice
- is a supportive, culturally safe process that contributes to the health and wellbeing of nurses and midwives.

Adapted from (Australian College of Midwives et al., 2019)

Procedure/process

To access clinical supervision, nurse/midwives follow these steps:

1. Attend/view a clinical supervision awareness session on commencement of employment. At this time, nurses/midwives will receive details of the local clinical supervision coordinator, available clinical supervisors and/or available clinical supervision group times.
2. Select a clinical supervisor and/or group clinical supervision of their choice from the list of approved options.
3. Discuss proposed clinical supervision arrangements with their line manager and negotiate attendance details.
4. Meet with their potential individual clinical supervisor for a preliminary clinical supervision session. Following this session, both the clinical supervisor and supervisee decide whether to continue in a formalised clinical supervisory relationship.

5. When a formalised clinical supervision relationship commences:
    a. the *clinical supervision working agreement* (CSWA) is negotiated and signed
    b. the supervisee must negotiate their attendance needs with their line manager. This will assist line managers to maintain adequate rostering for the clinical area.
    c. the clinical supervisor notifies the local clinical supervision coordinator of the arrangement.

Clinical supervisor responsibilities

Clinical supervisors must:

- complete appropriate clinical supervision education and training for nurses/midwives
- maintain their own clinical supervision
- supply a copy of each CSWA to the local clinical supervision coordinator
- notify the clinical supervision coordinator when:
- a new CSWA commences
- a CSWA ceases
- there is a change in their own clinical supervision arrangements
- attend a clinical supervision refresher (or alternative professional development activity) every three years
- complete and submit a re-certification form to the clinical supervision coordinator every three years.

Line manager responsibilities

Supervisees must consult with their line manager regarding their clinical supervision arrangements. Line managers offer support to clinical supervision by supporting staff:

- access to protected time to provide/receive clinical supervision
- attendance at clinical supervision education and training as appropriate.

Clinical supervision coordinator

The role of this nominated individual (or group of individuals) is to:

- coordinate access to a clinical supervision awareness session/video for nurse/midwives on commencement of employment
- maintain a register of available clinical supervisors
- maintain a register of nurse/midwifery staff receiving clinical supervision
- act as a champion and key contact person for clinical supervision.

Cessation of Clinical Supervision Working Agreement

A CSWA ceases when either of the following occurs:

- either party notifies of their intention to withdraw from the clinical supervisory relationship
- contact between clinical supervisor and supervisee has ceased and attempts to contact each other have failed.

Definition of terms

Term	Definition
Clinical supervision	Clinical supervision is a formal professional relationship between two or more people in designated roles, which facilitates reflective practice, explores ethical issues, and develops skills (Australian Clinical Supervision Association, 2015).
Clinical supervisor	A skilled professional who assists practitioners in their self-evaluation, critical thinking and overall professional development. A clinical supervisor has completed appropriate education and training in the role and must not be the line manager or friend of a supervisee.
Clinical supervision coordinator	A nurse or midwife who is a key contact person for clinical supervision in the workplace.
Clinical Supervision Working Agreement	A negotiated agreement that outlines the roles and responsibilities of the clinical supervisor and supervisee(s) in a clinical supervisory relationship. In most cases, it will be a signed written agreement but, in some cases (such as open group clinical supervision), it may be verbally contracted by the members. May also be referred to as a contract. The collaborative nature of reaching agreement is also the vehicle for development of the relationship or the alliance (Proctor, 2011).
Group clinical supervision	A group of individuals with a consistent membership who meet regularly to reflect on their own individual clinical practice in order to develop a greater understanding of practice (Bond & Holland, 2010). Group clinical supervision is facilitated by a designated clinical supervisor.
Supervisee	A nurse or midwife who is engaged in the process of clinical supervision to reflect on and improve their professional practice, with an appropriately trained clinical supervisor.

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