

How to Make the Most of the Clinical Supervisory Relationship

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masterclass

- taught by a true expert
- on a relatively narrow topic
- to highly motivated & focused attendees
- over a limited period of time
- with opportunities for feedback



key statement:

- Clinical Supervision is increasingly recognised as a core component of professional support for contemporary nursing & midwifery practice
- There is consistent evidence that effective Clinical Supervision impacts positively on the professional development as well as the health & wellbeing of supervisees
- The health & wellbeing of nurses & midwives is vital for recruitment & retention & ultimately a healthy & sustainable workforce
- There is also emerging evidence that Clinical Supervision of health-care staff impacts positively on outcomes for service-users

POSITION STATEMENT CLINICAL SUPERVISION FOR NURSES & MIDWIVES

APRIL 2019

It is the position of the Australian College of Nursing, the Australian College of Mental Health Nurses and the Australian College of Midwives that Clinical Supervision is recommended for all nurses and midwives irrespective of their specific role, area of practice and years of experience



ACM, ACN, ACMHN. (2019). Position statement: Clinical supervision for nurses and midwives.

clinical supervision:



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

clinical supervision is a professional development activity based on:

adult learning principles, in particular
reflective learning

and

advanced communication
& interpersonal skills

applied so that

a trusting professional alliance between a
supervisor & supervisee(s) is created &
maintained





“The purpose of supervision is to set up reflective dialogues through which we learn from the very work we do.

Reflection is the medium through which we learn. Not only is it the bridge between information and wisdom, it is the process that turns information and knowledge into wisdom.”

(Carroll, 2010)



theoretical frameworks

- supervision-specific theory developed over time through clinical supervision programs for the helping professions eg.
 - Supervision Alliance Model
(Proctor, 1986)
 - Seven-Eyed Model
(Hawkins & Shohet, 2012)
- Additional lenses may be applied that utilise the assumptions & techniques embedded in a particular psychotherapeutic approach eg.
 - psychoanalytical, gestalt, psychodrama / role development, cognitive-behavioural, narrative, solution focussed

- is restorative (**supportive**) & it supports the development of skills & knowledge (**formative**) as well as competent & ethical practice (**normative**)

(Proctor, 1986)

- supports the development of reflective practice skills

(Freshwater, 2008)

- facilitates the development of our self-supervisor

(Hawkins & Shohet, 2012)



functions of
clinical
supervision

EFFECTIVE CLINICAL SUPERVISION



Clinical Supervision is increasingly recognised as a core component of professional support for contemporary nursing and midwifery practice.

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The health and wellbeing of nurses and midwives is vital for recruitment and retention and ultimately a healthy and sustainable workforce.

There is also emerging evidence that clinical supervision of health-care staff impacts positively on outcomes for service-users.



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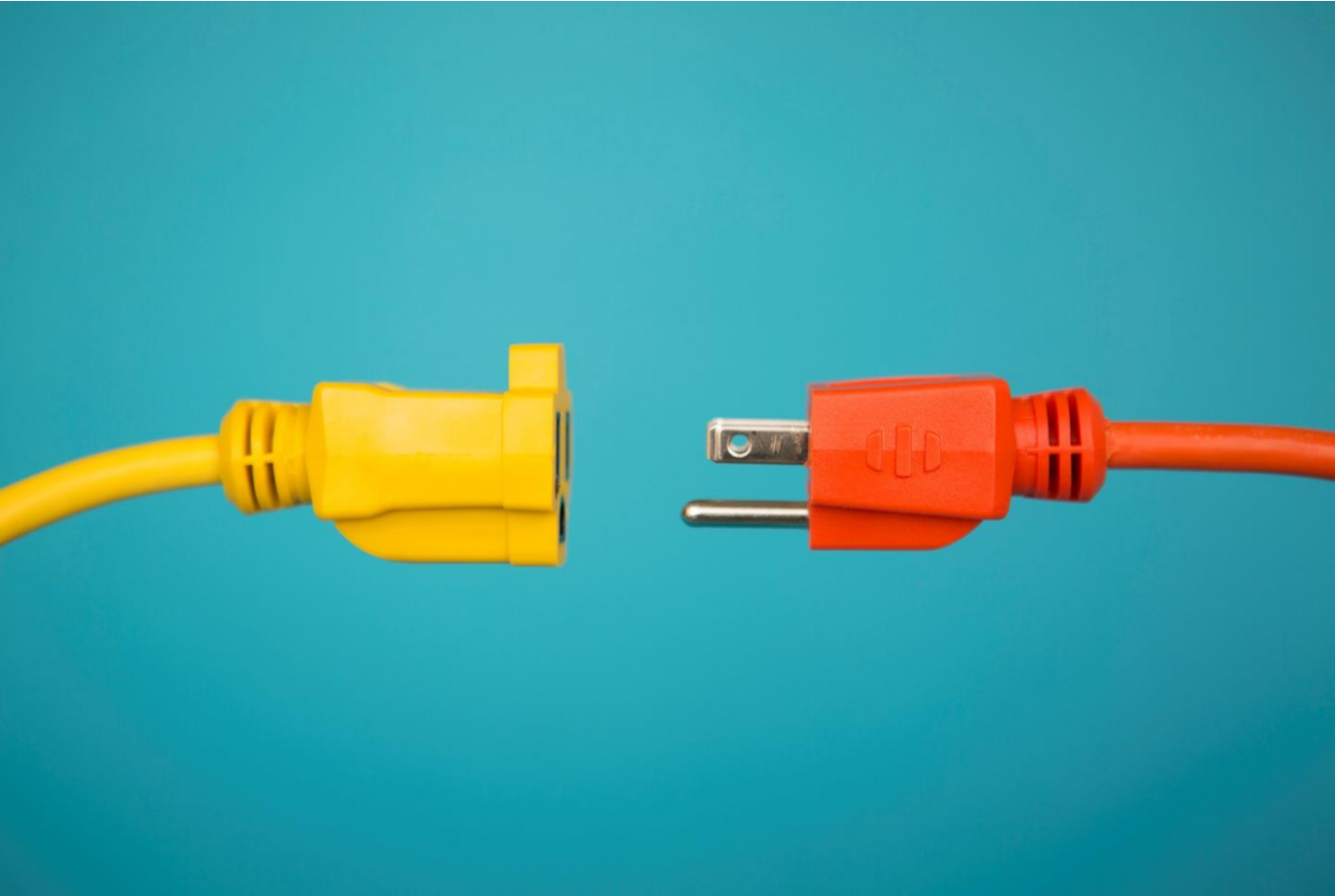
- To achieve this position, it is recommended that:**
- Clinical supervision is embedded in all nursing and midwifery undergraduate and vocational education as a component of professional practice.
 - All nurses and midwives are fully entitled to clinical supervision upon entry to their relevant workforce and have access to clinical supervision that meets their individual needs.
 - All clinical supervisors of individuals and groups undertake specific educational preparation for this role and engage in their own regular clinical supervision.
 - The nursing and midwifery professional bodies advocate a national standard for educational preparation of clinical supervisors.
 - All employers of nurses and midwives actively support and actively promote quality clinical supervision through organisational policies, procedures and workplace culture.
 - Regular systematic evaluations of the quality and efficacy of clinical supervision arrangements are undertaken at the local service level, taking care not to compromise the integrity of confidentiality agreements between supervisors and supervisees.
 - The nursing and midwifery professional bodies advocate for investment in robust clinical supervision programs throughout the health and aged care systems to support implementation and sustainability.

EFFECTIVE CLINICAL SUPERVISION





**TRUSTING
PROFESSIONAL
ALLIANCE**



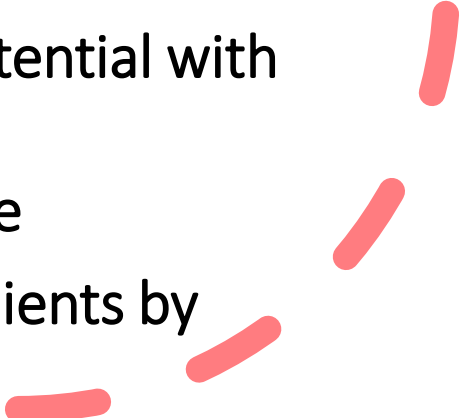
the learning or supervisory working alliance

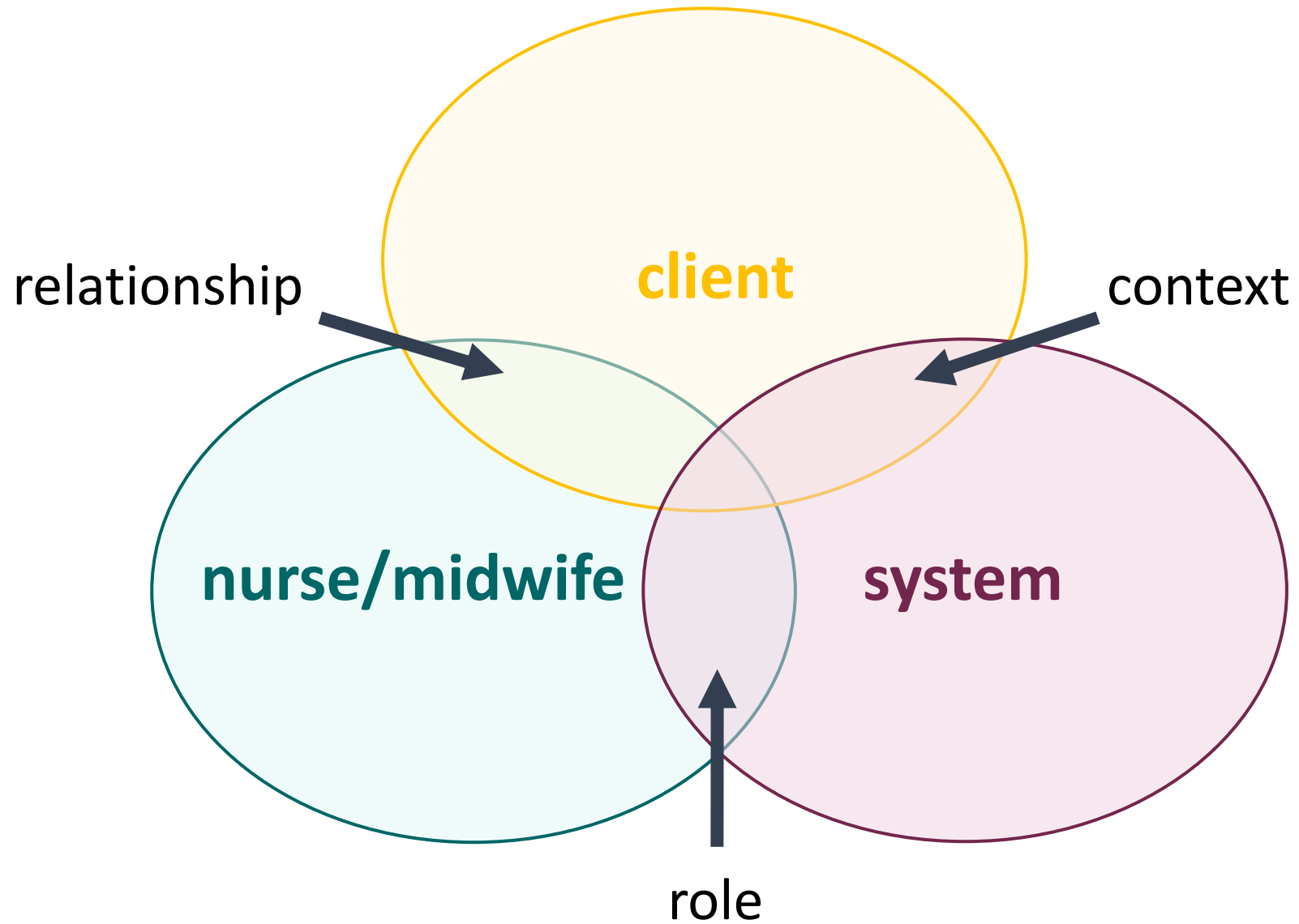
“The supervisor-supervisee bond, the collaboratively established goals that guide the supervision process, and the collaboratively agreed-upon tasks that facilitate pursuit of supervision goal attainment.”

(Watkins, 2014)

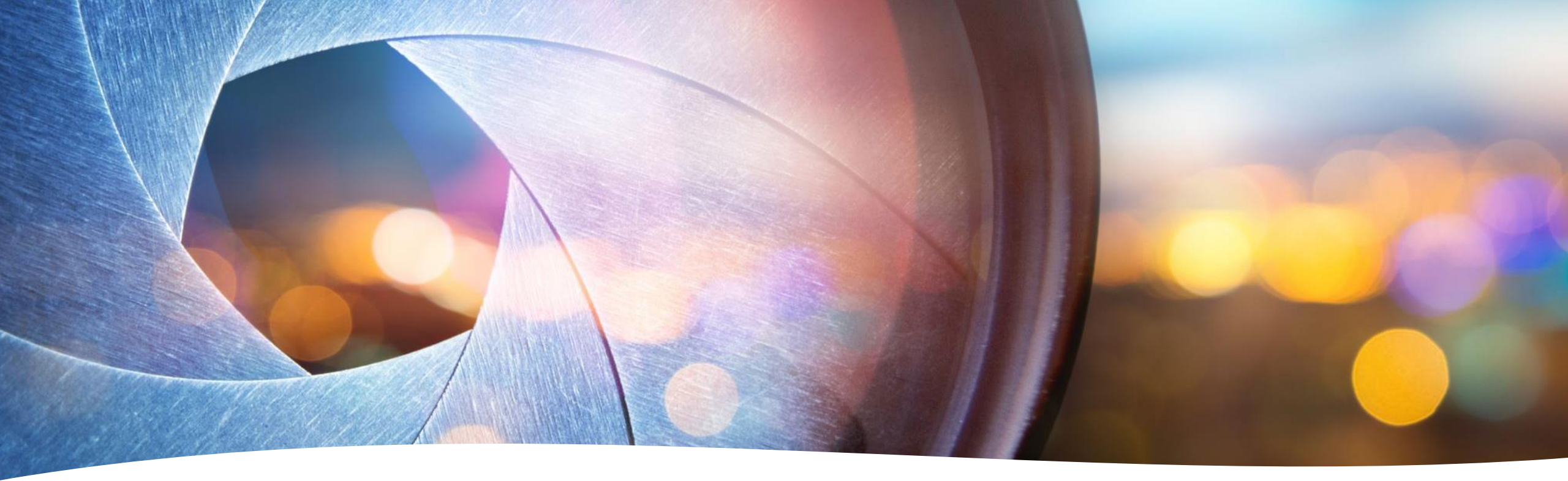
has effective communication
& feedback at its core, is supportive,
facilitative & focused on the work
issues brought to the session
by the supervisee(s)

the origins of clinical supervision are counselling / psychotherapy training:

- focussed on the client - therapist relationship
 - material from that relationship is discussed in a retrospective & reflective way to maximise the supervisee's ability to provide therapeutic support to the client
 - through
 - understanding the client
 - understanding the emotional, cognitive & behavioural reactions of the client as well as the supervisee
 - understanding the relationship between the therapist & client
 - maximising the psychotherapeutic potential with the client
 - learning from linking theory & practice
 - The supervisee learns how to treat their clients by the way their supervisor treats them
- 



(Sharrock et al. 2013)



- professional issues that require deeper reflection to understand
- dilemmas & difficulties, successes & achievements
- interactions with patients, relatives or colleagues
- the work environment / organisation
- professional development decisions
- professional transitions

is an opportunity to talk about
the realities, challenges &
rewards of practice & to be
attentively heard & understood
by another professional

During the clinical supervision session,
“the supervisor has got as much interest & excitement about you & your work & your clients as you have”

Wilmot (2019)

<https://www.cstdlondon.co.uk/>



is conducted in regular,
private & protected time, away
from the practice setting



venue

- privacy
- comfort
- distraction free
- quiet
- association
 - regular room
 - advanced bookings

(Rafferty et al. in Driscoll, 2007)

is predictable & consistent with
thoughtful & clear structures,
boundaries, processes & goals



“...clinical supervision could be simply described as a flexible & dynamic structure within which to continuously deconstruct & reconstruct clinical practice”.

(Freshwater, 2008)

WHAT?

the experience or issue is described, including thoughts, feelings & behaviours



SO WHAT?

the event or issue is explored & analysed to understand why it matters, make sense of it & learn from it



NOW WHAT?

reflect on what has been learned, additional insights & understanding & what actions are possible



(Borton, 1970; Driscoll, 2007)

is a culturally safe & respectful relationship that has commitment from both the supervisor & supervisee(s)

the responsibilities of the supervisee(s)

Prepare for clinical supervision identifying material for exploration

Contribute to the development of an agreement / ways of working

Give clinical supervision a high priority & protect the time

Present their work openly & honestly

Be responsible for their own development outcomes & actions taken in practice

Undertake regular reviews with the supervisor

Be supportive & respectful of others in group supervision

the responsibilities of the supervisor

Facilitate a trusting & respectful space where the supervisee(s) can reflect meaningfully on their work

Prepare for the clinical supervision session

Facilitate the development of an agreement / ways of working

Maintain confidentiality within agreed boundaries

Balance validation & challenge to support the supervisee to provide high quality ethical & competent care

Undertake regular reviews with the supervisee(s)

Undertake their own supervision

supports supervisees
to choose their
supervisors

what to look for in a clinical supervisor

They:

- understand the process of supervision
- can articulate their approach to supervision
- have undergone training in the role
- show interest in your professional growth
- engage in their own clinical supervision
- have credible professional experience

You:

- feel comfortable with them
- can form a bond based on safety & respect

is supported by an agreement that is reviewed regularly & includes the extent & limits of confidentiality

Agreements:

“...serve to clarify goals, expectations and responsibilities, as well as keep both supervisor and supervisee safe in a bounded relationship”

“protect the good of both participants when they are reciprocally negotiated and are informed by ethical codes, principles, and responsibilities”

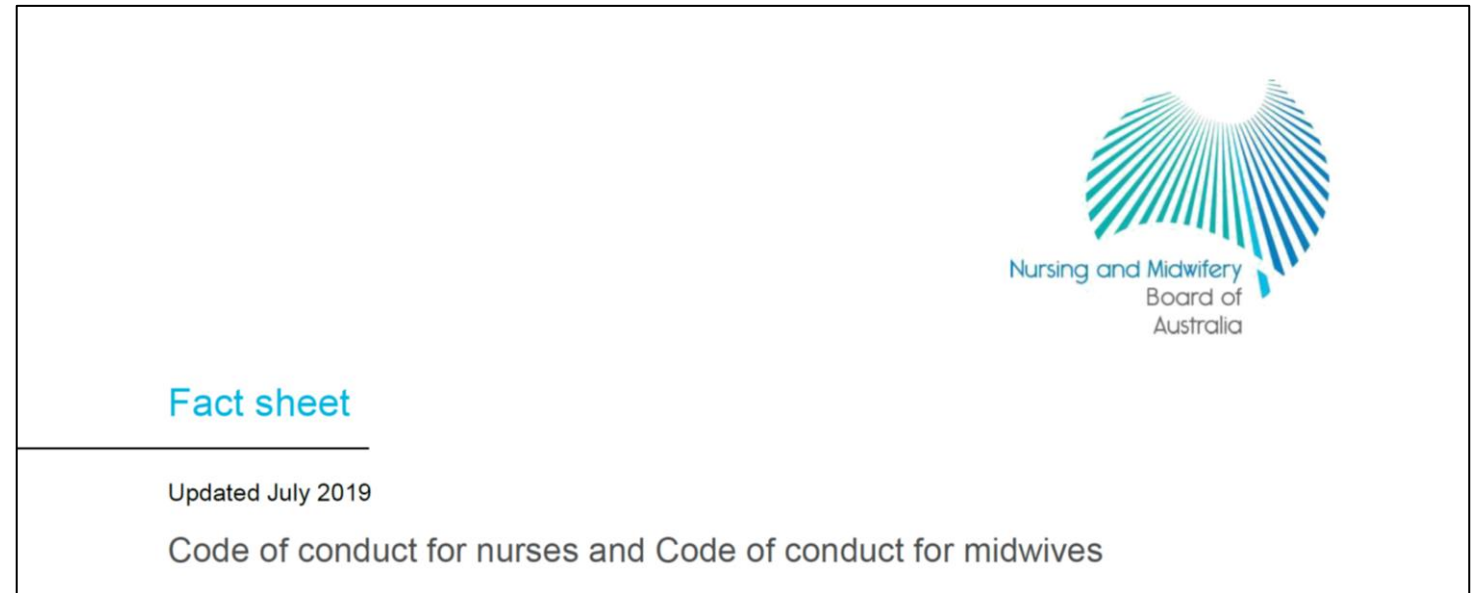
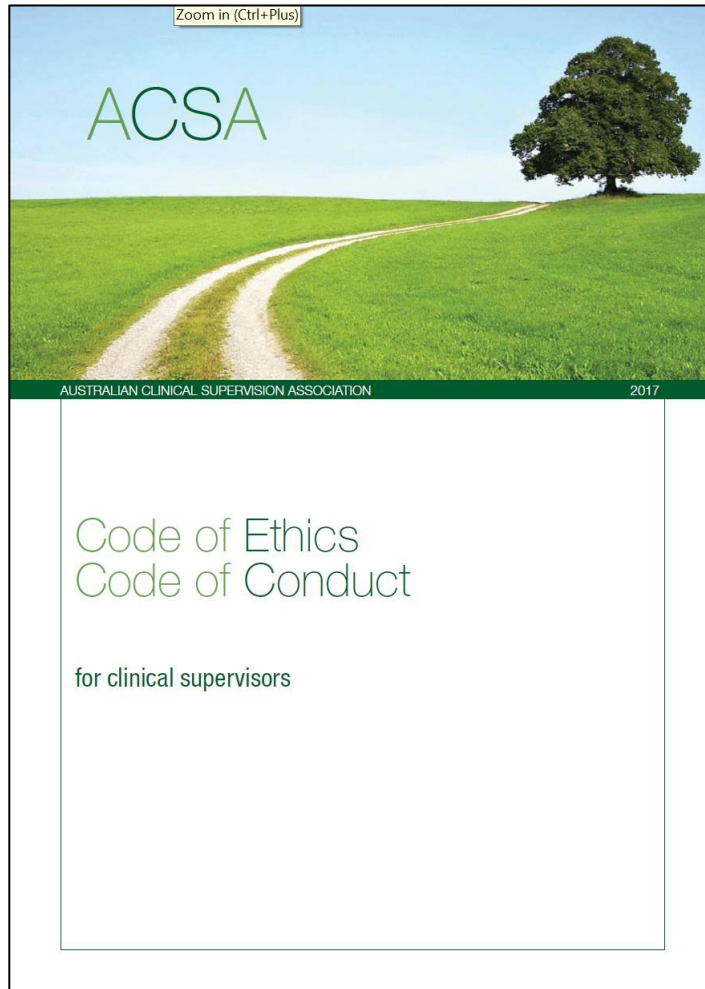
- Discuss goals, expectations & responsibilities early; most of the difficulties that arise in the supervision relationship stem from a lack of clarity about the relationship
- Complete agreement around the 3rd session & consider:
 - mode, model, location & booking, frequency & length of sessions, cancellations & delays; how conflicts will be addressed
 - confidentiality issues, including limitations; documentation responsibilities; review & evaluation
 - supervisor’s own clinical supervision arrangements
 - date, names & signatures

Agreements:

- Advantages:
 - Serve as a solid foundation for an effective supervisory relationship
 - Facilitate the sharing of desires & expectations of clinical supervision
 - Help to promote agreement on the work to be conducted
 - Help to minimise the potential for any later problems
- Disadvantages:
 - May restrict creativity & spontaneity by making accountabilities too rigid
 - Can become meaningless when they are initiated for the sake of of it
 - Can take some time to establish

is confidential within the ethical
& legal boundaries of nursing
& midwifery practice

Framework for ethical practice



facilitates supervisee self-
monitoring & self-accountability &
involves the supervisee learning to
be a reflective practitioner

Supervisee development

- Supervision is a developmental journey as a reflector & a supervisee
- Supervisees require information & education on clinical supervision
 - responsibilities of supervisees, supervisors & the organisation
 - supervision agreement, confidentiality & boundaries, organisational policies
- As supervisees develop, they can consider when they are ready to take up the role of a supervisor NB.
 - not all supervisees will move onto the supervisor role
 - seniority does not equal the capacity to be a supervisor

develops knowledge & confidence
with a strengths-focus aimed at
building supervisee practice skills
& awareness of practice

Clinical Supervision should be “an enlivening encounter between colleagues” where the goal is professional development “in the service of one’s profession”

(Consedine, 2004)



is provided by professionals who have undertaken specific training in clinical supervision & engage in their own regular clinical supervision

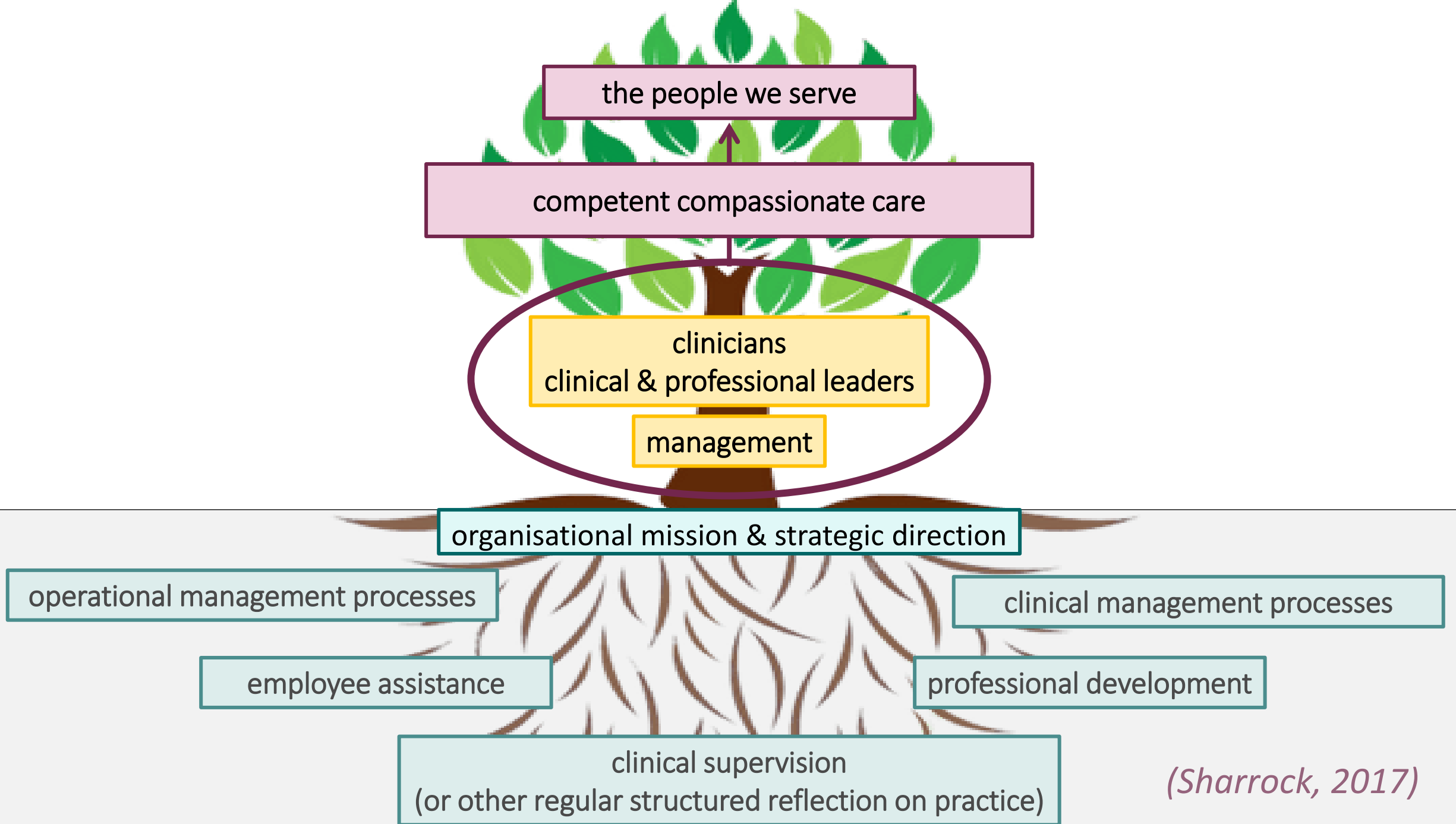
Supervisor development

- Becoming a supervisor is a developmental journey firstly as a reflector & a supervisee & then as a supervisor
- It is an ongoing commitment to combining theory, practice & reflection supported by engaging in regular supervision of supervision
- A staged approach with periodic training days combined with focussed practicing of skills in the real world (similar to what is done in psychotherapy training) between training days




is not provided by a professional who has organisational responsibility to direct, coordinate or evaluate the performance of the supervisee(s)

clinical supervision is distinct from:

- point of care supervision
- facilitated professional development
- professional supervision
- operational management processes
- clinical management processes
- personal staff support
- “mentorship” or “supervisory” orders issued by AHPRA

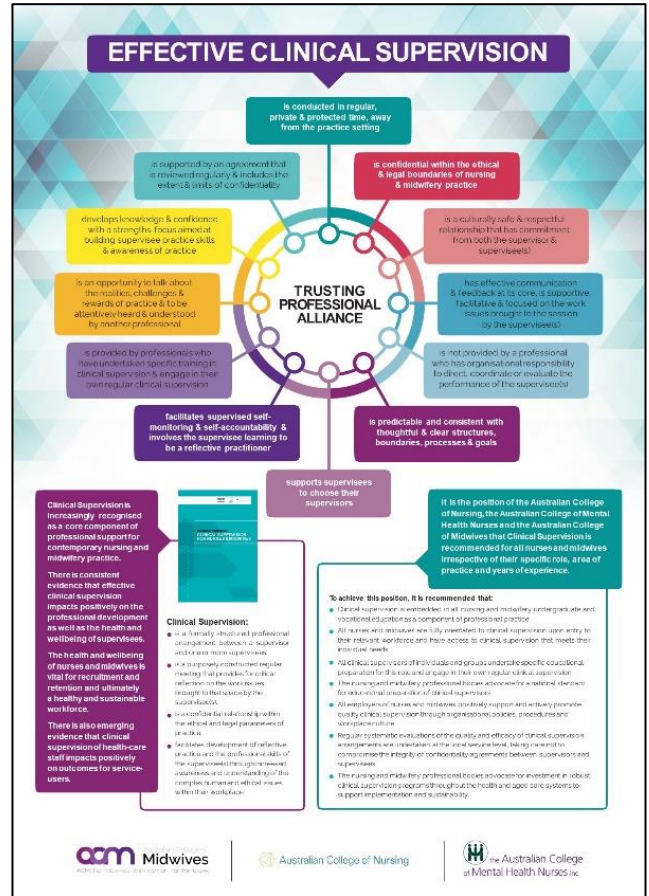



(Sharrock, 2017)

POSITION STATEMENT CLINICAL SUPERVISION FOR NURSES & MIDWIVES

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AUSTRALIAN CLINICAL SUPERVISION ASSOCIATION

Promoting Professional Support For Everyone

people - passion - purpose


OUR ORGANISATION AT A GLANCE

A Distinct Identity

ACSA exists to bring together a group of like-minded professionals, united in their understanding of the value of supervision and their desire to promote the unique practice. ACSA believes that engaging in supervision practice not only benefits the individual, but their organisation, and by extension the people they work for and with.

[More About Us](#)

Sign Up To Our 'Friends of ACSA' Email List



www.acn.edu.au

www.midwives.org.au

www.acmhn.org

www.clinicalsupervision.org.au



Clinical Supervision Special Interest Group

About

Clinical Supervision is a core component of contemporary professional mental health nursing practice and central to practicing within the ACMHN Standards of Practice for Australian Mental Health Nurses.

Mental health service employers positively support and actively promote demonstrably efficacious clinical supervision, through organisational policies, procedures, and workplace culture. All mental health nurses, and nurses working in mental health facilities, are fully orientated to clinical supervision upon entry to the mental health workforce and thereafter engage in sustained and meaningful clinical supervision, whatever their role and wherever they practice.

Supervisors access appropriate bona fide educational preparation for this role and, whether clinical supervision is delivered in dyads or within groups. Regular systematic evaluations of the quality and efficacy of clinical supervision arrangements are undertaken at local service level.

The ACMHN undertakes to actively promote each of these positions and lobby funding agencies to consider large-scale robust programs of outcomes-related research at state and national levels, to further strengthen the evidence base of Clinical Supervision and to justify continued investment of public funds.

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Additional references that informed this presentation

There is an extensive list of references provided in the *ACM, ACN, ACMHN. (2019). Position statement: Clinical supervision for nurses and midwives*, which includes a background paper.