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SUMMARY	The document outlines the framework for provision of and participation in clinical supervision for Allied Health Professionals and Assistants working in SESLHD

Feedback about this document can be sent to SESLHD-Policy@health.nsw.gov.au

Allied Health Clinical Supervision

Section 1 – Background

Within NSW Health there is an expectation that high quality supervision is provided by appropriately qualified and trained clinicians to ensure delivery of safe patient care (Garling 2008; Health Workforce Australia, 2011a and b).

Clinical supervision is recommended for allied health professionals to support them in their professional role, continued professional development and to ensure patient safety and high-quality care[1-2]. Clinical supervision also supports effective clinical governance and professional wellbeing of allied health clinicians[3].

Clinical supervision is integral to maintaining and enhancing safety and quality of patient care and supports clinicians to:

- Deliver high quality patient care and treatment through accountable decision making and clinical practice
- Facilitate ongoing learning and professional development
- Develop knowledge and competence
- Promote staff wellbeing through the provision of support.

Access to good supervision facilitates:

- Acquisition of skills and knowledge
- Reflective practice
- Development of professionalism
- Confidence and competence in clinical practice
- Professional growth and development.

Section 2 – Principles

NSW Health Clinical Supervision Principles

The NSW Health Clinical Supervision Framework sets out principles for clinical supervision in NSW Health that contribute to improve patient care and outcomes.

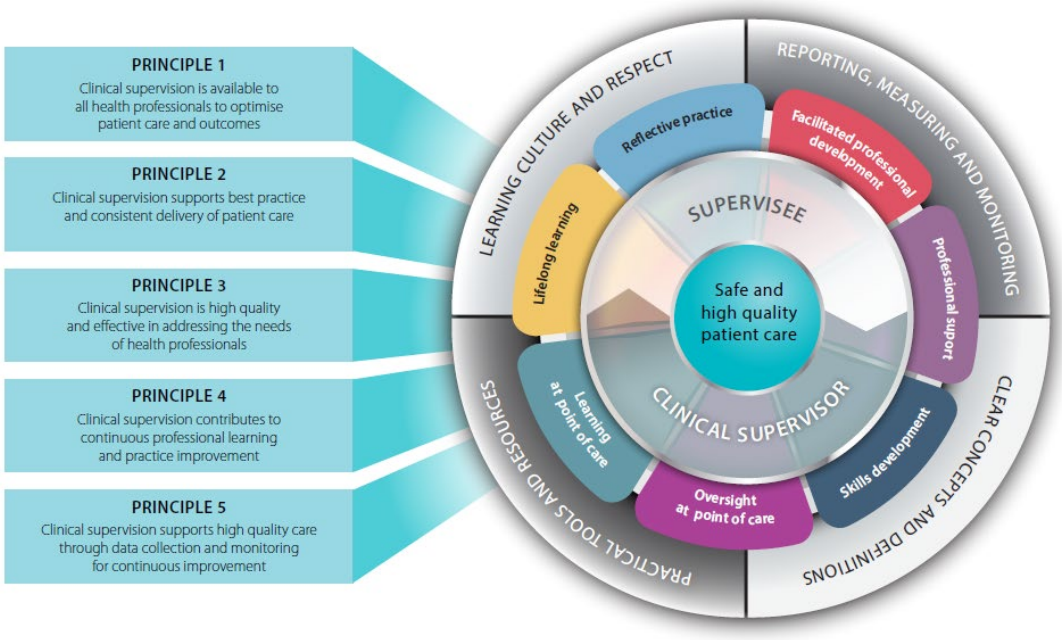

Figure 1 - NSW Health Clinical Supervision Framework (2015)

SESLHD Clinical Supervision Principles

In addition, SESLHD is also committed to the following clinical supervision guiding principles:

- All Allied Health professionals (AHP) and Allied Health Assistants (AHA) have a responsibility to **participate** in clinical supervision.
- All AHPs and AHAs should have **access** to supervision at a level appropriate to their qualifications and experience utilising flexible models of supervision.
- **Reflective practice** should be applied within all models of clinical supervision and is imperative in clinical supervision to facilitate change, deeper learning and improve patient care.
- All models of clinical supervision should be ongoing with a clinical focus involving knowledge sharing, facilitating learning underpinned by feedback and support.
- The model of clinical supervision used should reflect that best suited to the respective allied health discipline, learning styles, the workplace, and level of clinician experience.
- Clinical supervision should be **inclusive** and support AHPs who identify as Aboriginal and Torres Strait Islander (see Appendix A), LGBTQI+, those with disability and those from diverse cultural backgrounds.

- Whilst the content of clinical supervision should support the supervisee working towards **agreed goals**, the content of supervision sessions may not always be directly linked to these goals and should be flexible around the learning needs or support required by the supervisee.
- Supervision of experienced or senior clinicians may extend to facilitating skill development of peers within clinical teams, supporting research and evaluation of current practice in addition to expanding their own clinical knowledge and skill sets.
- It is strongly recommended that clinical supervision is not provided by the operational/line manager. When the manager is providing clinical supervision, additional consideration should be made to identify learning opportunities for the supervisee. For example, proactive identification of courses and conferences that support clinical learning.
- Where possible, staff may nominate a preferred supervisor. If departmental resources limit this, staff should be allocated a supervisor based on relevant experience and the supervisory relationship reviewed on a regular basis. Supervisory relationships within SESLHD are encouraged.
- Face-to-face supervision sessions are recommended. If face-to-face supervision is not possible (e.g., ad hoc sessions), supervision may be conducted using videoconference platforms (Microsoft teams).
- When supervision occurs via videoconference, the supervisee and supervisor should be visible and audible to one another (i.e., camera and microphones switched on) to preserve ability of both parties to appreciate non-verbal cues.
- Clinical supervision is not: punitive, negative, performance management, performance appraisal, just about competence or attendance at organisational meetings or a counselling session.
- Employee Assistance Program (EAP) in SESLHD should be made available if there is any personal distress identified.
- A feedback mechanism should be in place within each department to resolve issues or conflicts with referral to a more senior staff member as appropriate (e.g., Department Head or Discipline Advisor).
- If patient safety is compromised by unsafe clinical practices; there is a lack of participation; or clinician having difficulties the supervisor is obliged to advise the supervisee that concerns will be escalated to the line manager.
- Separate performance management processes may apply in some instances. Performance management issues should be directed to the appropriate senior for management, and managed in accordance with the SESLHD Procedure SESLHDPR/379 - Resolving Unsatisfactory Performance and SESLHD Procedure SESLHDPR/640 - Managing Complaints and Concerns about Clinicians (MCCC).
- The Director of Allied Health, or their delegate, must be consulted and approve requests for non-discipline-specific supervision and supervisory relationships that are external to SESLHD before the supervision relationship is established. For example, when a supervisor with adequate skills and expertise in a relevant clinical area is not available within SESLHD. Any approved requests for supervisory relationships involving external

personnel (provision of or receipt of supervision), must include a signed contract agreement (see sample template in Appendix C).

- A substitute supervisor should be arranged when the supervisor is on extended leave, and rescheduling is not achievable.
- The supervisory relationship should reflect aspects of trust, reliability, approachability, honesty, be non-judgemental and foster open communication and supervision sessions should occur in a safe, confidential environment.
- Confidentiality of supervisory sessions is integral to the supervisor/supervisee relationship and is a two-way process that should be seen as paramount to the maintenance of trust in a good supervisory relationship.
- Supervision sessions should remain confidential with the following exceptions: when the supervisee is in breach of professional code of conduct or agreed disclosure from both parties.
- Confidentiality requirements should be made clear during supervision training for all staff and explicitly highlighted in the Supervision contract.
- If the supervisee believes the supervisory relationship is ineffective and discussion with their supervisor has not resolved the issue, processes must be in place so this can be escalated confidentially to a more senior staff member for resolution.

Functions of supervision

Supervision has several functions. Kadushin's model of supervision (Kadushin,1976) outlines three functions including:

- **Educational (Formative)**
  To promote educational development that enhances the full potential of a clinician (e.g., reflecting on practice or patient care, learning a new skill, integrating theory to practice, facilitating clinical/professional reasoning)

- **Supportive (Restorative)**
  To maintain harmonious working relationships with a focus on morale and job satisfaction (e.g., developing strategies to deal with work-related stress, a difficult work situation, supporting employee morale, developing a sense of professional self-worth)

- **Administrative (Normative)**
  To promote and maintain good standards of work, including ethical practice, accountability measures and adhering to policies of administration (e.g., workload management, clarifying roles and responsibilities)

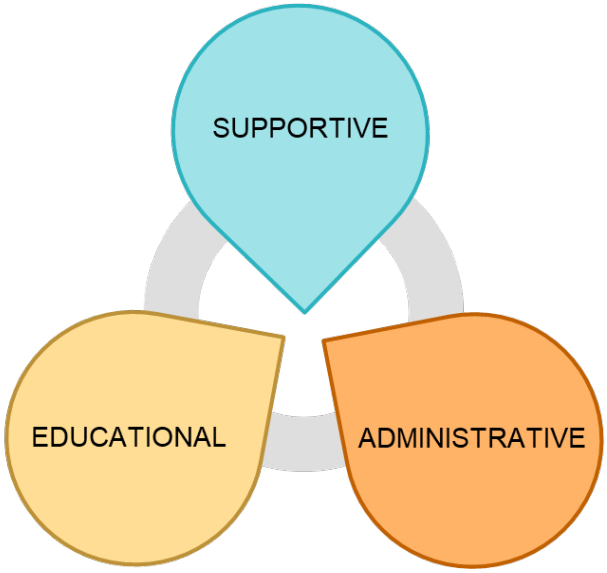

Figure 2 - Functions of Supervision

Models of Supervision

Supervision can occur in the following ways:

Structured one-on-one sessions	Protected and prioritised time in an environment that facilitates patient care and discussion; reflective practice and setting/monitoring of learning goals.
Point-of-care or informal supervision -	Clinician has access to supervisor in 'real-time' to facilitate patient care; can also be 'hands on' to build confidence
Group supervision	A forum for facilitated open discussion and learning from each other's experiences. May include clinical case discussions, interprofessional collaboration, topics of interest. Discussion is led by a clinical supervisor
Peer supervision	between 2 or more experienced AHP as method of consultation, problem solving, reflective practise and clinical decision making. Allows for sharing knowledge and experience.

(The Superguide, 2012)

The method of supervision may be guided by the level of experience of the clinician, clinician preference or style of working and learning, and discipline needs and clinical context.

New graduate AH clinicians or AH clinicians early in their career should participate in structured one-on-one supervision sessions. This may be complemented by group or peer supervision.

Senior or experienced AH clinicians may prefer group or peer supervision; however, it is highly recommended that all AH clinicians participate in one-on-one supervision to complement this.

Section 3 – Definitions

Clinical Supervision:

Supervision is a relationship-based activity which enables practitioners to reflect upon the connection between task and process within their work. It provides a supportive, administrative and development context within which responsiveness to clients and accountable decision making can be sustained (The Superguide, p.6 (2012))

Supervisor:

Any allied health professional who performs clinical supervision.

Supervisee:

Any allied health professional or allied health assistant who is receiving supervision.

Contract/Agreement:

A written formal agreement between each supervisor and supervisee, outlining the agreed conditions of supervision.

Section 4 – Responsibilities

Director of Allied Health is responsible for:

- Supporting Discipline Advisors to ensure the Allied Health workforce participate in appropriate supervision[7].
- Maintenance and review of district-wide systems of governance.
- Provide leadership to support the evaluation and improvement of clinical supervision across SESLHD.
- Defining key performance indicators for clinical supervision.

Allied Health Discipline Advisors are responsible for:

- Ensuring supervision responsibilities are outlined in position descriptions and included in orientation procedures
- Promoting clinical supervision in their respective disciplines and across the Allied Health workforce
- Ensuring clinicians to participate in appropriate supervision across their disciplines and the Allied Health workforce[7].
- Monitoring and reviewing key performance indicators relating to clinical supervision
- Ensuring all Allied Health professionals have access to resources and training to support supervision
- Ensuring supervisors to maintain their skills by accessing opportunities for training at appropriate intervals dependent of level of experience
- Supporting the evaluation of clinical supervision
- Compliance with the guideline is reported to the Director Allied Health via the AH Learning and Development Committee.

Managers of Allied Health staff (including non-allied health managers) are responsible for:

- Ensuring Allied Health staff in their department or team participate in appropriate clinical supervision[7].
- Facilitate access to appropriate supervision in the event supervision cannot be provided by another member of the team due to absence of skill mix.
- All supervisors are adequately prepared and attend training before providing clinical supervision, where possible.
- Key performance indicators are reported to Discipline Advisors (see ‘Reporting’ in section 7) via the SESLHD Learning and Development committee.
- The number of supervisees for any supervisor within the team remains manageable.

Supervisors are responsible for:

- Being familiar with The Superguide - a handbook for supervising allied health professionals (will be referred to in this document as The Superguide) and clinical supervision including different functions and methods of supervision.
- Undertaking training in clinical supervision prior to providing supervision to others
- Maintaining up-to-date knowledge and best practice in supervision
- Planning and preparation for supervision sessions, including allocation of adequate time to provide supervision
- Ensuring documentation of supervision is maintained in line with this guideline

- Understanding and maintaining the professional, ethical, and legal aspects of confidentiality in relation to supervision
- Facilitating learning by assisting the supervisee to recognise and reflect on knowledge and clinical practice gaps and identify opportunities for improving these.
- Undertake their own supervision.
- Participate in evaluation of the supervisory relationships with supervisees

Supervisees are responsible for:

- Participating in clinical supervision[7]
- Planning and preparing appropriately prior to supervision sessions to maximise effectiveness
- Actively engaging in the supervisory relationship and working towards achieving agreed goals
- Ensuring learning needs and expectations form the basis of the supervision contract and agreed goals
- Develop learning goals with support from their supervisor that will address learning needs. It is recommended that goals from the annual performance development review be incorporated into the clinical supervision agreement and goals.
- Ensure time is protected for supervision
- Understanding and maintaining the professional, ethical, and legal aspects of confidentiality in relation to supervision
- Participate in evaluation of the supervisory relationships with supervisors, if participating in group supervision, maintaining commitment and motivation to drive the group supervision process, including convening, and facilitating sessions
- Seeking help when required even when outside regular supervision time

Section 5 – Governance

Frequency

- A minimum recommended standard of one hour of clinical supervision per month is expected for all full-time allied health professionals
- A minimum recommended standard of 30 minutes of clinical supervision per month is expected for part time staff.
- Departments should provide higher levels of support based on clinical needs of the role or staff member as appropriate (e.g., new graduates or staff taking on new roles and time needed should be negotiated based on individual learning needs).

The stated frequency and type of supervision in this guideline does not override specific professional requirements, such as those mandated by the Australian Health Practitioner Regulation Agency (AHPRA) or where recommended (such as the AASW Supervision Standards).

Reporting

Clinical supervision outcomes and key performance indicators are to be reported to the SESLHD AH Learning and Development Committee. These include:

- Provision of clinical Supervision (e.g. via departmental activities via the eMR scheduling system, for both supervisee and supervisor, or other methods of recording provision of supervision sessions in departments/teams).
- Number of the Allied Health workforce trained in clinical supervision each year through the SESLHD introductory workshop.
- Annual evaluation of clinical supervision (which may be at department, discipline or facility level)

Section 6 – Training and Education

Line managers should set expectations of the supervisory relationship as part of local departmental or team orientation processes.

- Allied Health Clinical Supervision online course (course Code 43116829)
- Allied Health Clinical Supervision: Laying the Foundations: Virtual Workshop (course code CSK131203)
- Growing as an Allied Health Clinical Supervisor online course (course Code 396460713)

Line managers should ensure all staff have access to introductory clinical supervision training as a minimum training requirement prior to commencing a supervisory role, where possible.

Supervisors are responsible for maintaining their supervision skills and should access ongoing training opportunities where available.

HETI has a number of resources to support staff to increase their knowledge and understanding of clinical supervision. These include:

- The Superguide. It is recommended that all supervisors familiarise themselves with The Superguide
- The Clinical Supervision for Allied Health webpage https://www.heti.nsw.gov.au/education-and-training/our-focus-areas/allied-health/clinical-supervision
- Clinical Supervision Training Space (CSSP), which provides a portal to clinical supervision training resources, both online, virtual and face to face http://www.clinicalsupervision.health.nsw.gov.au/#!/.

Supervisees should also receive information regarding both supervisee and supervisor expectations as part of local departmental or team orientation processes.

Further specific information on facilitating clinical education and learning in the workplace can be found in 'The Learning Guide: a handbook for allied health professionals facilitating learning in the workplace' (HETI 2012).

Section 7 – Evaluation

The effectiveness of clinical supervision should be evaluated at the level of the supervisory relationship as well as at the department/team or service level.

Evaluation of the supervisory relationship

- Evaluation of the supervisory relationship is a joint responsibility of the supervisor and the supervisee and should occur on a six-monthly basis.
- Supervisees are encouraged to complete a feedback form for their supervisor as a minimum after three months and at the end of the contract period, outlining the status of the supervisory relationship and whether it is meeting their current needs.(See the Superguide Appendix E p.77)

Evaluation of clinical supervision

- Each team/department/service should have systems in place to report on provision of clinical supervision using validated tools.
  Examples include:
  - The MCSS-26 (White Witstanley Ltd)[10]
  - Palomo questionnaire[11]
  - Supervisory styles inventory[12]
- Evaluation of clinical supervision at a department level should be undertaken at least every 2 years.

Section 8 – Documentation

It is the responsibility of the supervisor and supervisee to maintain adequate documentation of supervision sessions.

At a minimum documentation should include:

- **Supervision Contract or Clinical Supervision Agreement** – outlines expectations, parameters, confidentiality, documentation requirements, and evaluation process. It is tailored to the individual needs of the supervisory relationship and include the supervisee's learning goals, in the form of SMART goals. This should be completed by the supervisor and supervisee during the initial supervision session. The supervision agreement should be reviewed at least every 12 months, with informal review on a regular basis (e.g. to review progress on learning goals or on commencement in a new clinical area). Examples of supervision agreements/contracts can be found in The Superguide.

- **Supervision Log** – a supervision log must be maintained and indicates participation of the supervisee and supervisor in the supervision session.

- **Notes from the supervision session** – Agreed actions and outcomes of discussions during one-to-one supervision sessions. These may be taken by the supervisor or supervisee and signed or agreed to by both parties as an accurate representation of the

discussion and actions. Supervision records/notes should be kept by both parties. Examples of supervision note templates can be found in The Superguide.

Documentation must be objective and accurately maintained. It should be securely stored, and managed according to the SESLHD Policy Directive SESLHDPD/203 - Records Management – Retention Periods.

There are some circumstances where documentation may be released from the confidentiality of the supervisory relationship (see page 18 of The Superguide for more information).

The Superguide provides a number of template forms that can be used as part of the supervision process or local forms may be developed by individual clinical departments for use within their teams.

Section 9 – References, Revision and Approval History

References

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Revision and Approval History

Date	Revision no:	Author and approval
October 2011	Initial Draft	SESLHD Clinical Supervision Working Party. Note: This document is based on the Draft Allied Health Supervision document by Sue Fitzpatrick, ISLHD.
February 2012	Revised Final Draft	SESLHD Clinical Supervision Working Party – Incorporating feedback from SESLHD allied health focus groups
May 2012	Final	SESLHD DET – Supported as a guideline
July 2012	Final	Endorsed by SESLHD Clinical and Quality Council
August 2017	1	Lara Boss, A/Director of Allied Health and Tracy Kelly, SESLHD Speech Pathology Advisor
September 2017	1	Formatting reviewed by Executive Services
March 2023	2	Major Review Tracy Kelly (Speech Pathology Advisor SESLHD), Melanie Lai (Orthoptics Advisor SESLHD), Sarah Merewether (Acting Allied Health Workforce Consultant), Karen McLaughlin (Senior Speech Pathologist PACH). Approved by Executive Sponsor. To be tabled at Clinical and Quality Council.
May 2023	2	Approved at April 2023 Clinical and Quality Council. Formatted and published by SESLHD Policy

Appendix A: Culturally Supportive Clinical Supervision

The Allied Health Clinical Supervision Guidelines aim to be inclusive and reflect a holistic approach for people from different cultural backgrounds including those staff members who identify as being from an Aboriginal or Torres Strait Islander background.

Additional information on culturally appropriate supervision can be found in the SUPERVISION - A CULTURALLY APPROPRIATE MODEL For Aboriginal Workers' (Victorian Dual Diagnosis Initiative: Education and Training Unit and St Vincent's Hospital, Melbourne; accessed 15 December 2022).

The SESLHD Aboriginal Health Unit (AHU) is available to assist with supporting Allied Health staff identifying as Aboriginal regarding any aspect of their clinical supervision and can be contacted on (02) 9540 8255 or SESLHD-AHU@health.nsw.gov.au.

Appendix B: Supervision for Allied Health Assistants

The clinical supervision process that has been described in this document (a reflective model) should be conducted monthly by an AHP delegated by the AHAs manager.

AHAs also require day to day task based clinical supervision, which is an essential component of clinical care. For guidance on the roles and responsibilities that AHAs have in the delivery of care, and a structure for Allied Health Professionals to effectively supervise and delegate to AHAs, please refer to the NSW Ministry of Health Guideline GL2020_005 - Allied Health Assistant Framework and the Allied Health Assistant Position Description and Discipline-specific Accountabilities Lists.

Appendix C: External clinical supervision contract example

CONTRACT / PROFESSIONAL SERVICES AGREEMENT Click or tap to enter a date.
This is an Agreement between The Sutherland Hospital and [other party]

SUPERVISION CONTRACT ***[***Choose an item.***]***

[insert name]	[insert name]
_____	_____
Supervisee	Supervisor

Structure of Sessions:
Frequency:
Dates for Choose an item.**:**

Duration:
Day of the week:
Time:
Venue:

Goals:
1.

2.

Outline strategies for achieving these goals:
Goal 1.

Goal 2.

How will you evaluate your goals achieved?

1. An evaluation and review by both Supervisor and Supervisee will be completed 6 months from commencement and at 12 months.
2. The Supervisor and Supervisee will provide feedback in a written report at the end of 6 months and at the end of 12 months to the [insert name].

Procedure if either party becomes dissatisfied:
1. Discuss any concerns with the Supervisor / Supervisee.
2. Discuss concerns with the [insert name].

Method of discussion:
1. Supervisee to discuss relevant occupational therapy practice matters, related to goals above.
2. Supervisee will bring an agenda and identify topics for discussion that relate to goals above.

Name and Signature:

Supervisor: _____ Date: Click or tap to enter a date.

Supervisee: _____ Date: Click or tap to enter a date.

Supervisee Manager: _____ Date: Click or tap to enter a date.