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| EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR | Kim Olesen  
Director Nursing & Midwifery  
Kim.Olesen@sesiahs.health.nsw.gov.au |
| AUTHOR                | Margaret Martin  
Margaret.Martin@sesiahs.health.nsw.gov.au |
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| SUMMARY               | This guideline provides outlines the coordination, management and exercise of clinical supervision for nursing and midwifery staff across SESLHD |
Clinical Supervision of Nurses and Midwives Guidelines

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Section 1 - Background

South Eastern Sydney Local Health District recognises that supervision of practice both at the point of care, and through reflection in, on and for practice, is essential to the development of nurses and midwives who are skilled and knowledgeable and capable of providing integrated and effective care.

Clinical supervision is a continuum of activities aimed at ensuring the patient receives skilled and effective care from nurses and midwives who are capable, confident and supported in their professional development. The continuum can be considered to extend from the point of care through to reflective supervision.

All nurses and midwives have a responsibility to provide and receive supervision at the point of care. This responsibility includes:

- Ensuring the colleague’s level of knowledge, skill and expertise is commensurate with their role.
- Giving and receiving feedback that will facilitate the development of skills relating to the provision of safe, effective and evidence based care.
- Active reflection on clinical care and the factors impacting on the provision of that care, including attitudes, knowledge and skills.

This guideline provides a framework to support:

- Point of care supervision aimed at developing the skills, knowledge and expertise of the clinician.
- Access to reflective supervision through individual and or group supervision aimed at assisting the professional to reflect on their practice and care.
- Enhancement of professional development including the development of skills and of problem solving in a supportive environment.
Section 2 - Principles

The Nursing and Midwifery Superguide (HETI 2013) identifies that there is a spectrum of supervision which begins with clinical teaching at the point of care (supervision of practice) and extends to include Clinical Supervision. Clinical Supervision is a structured process aimed at providing opportunities for nurses and midwives to discuss and reflect on various aspects of their work in a safe environment, with the purpose of understanding their actions and improving their practice though deeper learning.

The ability to reflect in, on and for practice is a core skill which underpins the professional’s ability to learn from experience and to continuously improve their ability to provide patient centred care.

1. Supervision of practice is a key component of teaching and learning in the workplace. All nurses and midwives have a responsibility to ensure that they, their peers, colleagues and students are supervised in their clinical practice. This means all nurses and midwives are expected to oversee the clinical care given by others and to be overseen in the care they provide to their patients/clients.

   Supervision of practice is:
   - Provided at or close to the point of care
   - Includes the direct observation of care delivered either as it is delivered or indirect observation though discussion and analysis of care given (for example through case presentations, analysis of records etc).
   - Provision of specific feedback on what was observed, and support to enhance practice where needed
   - Carried out by a supervisor who may or may not have a direct line relationship with the supervisee

2. Clinical Supervision may be offered to groups or individuals, but only by people who have been trained in the process of providing this kind of support. Those offering clinical supervision will have clinical supervision.

   Clinical Supervision of this nature is:
   - Voluntary
   - Carried out within a confidential relationship between the nurse/midwife (or group of nurses/midwives) and a trained facilitator of their choice.
   - Carried out by a supervisor who does not have a direct line relationship with the supervisee/s.
   - Supported by an agreement between supervisor and supervisee/s.
   - Supported by dedicated time allocation.
The continuum of supervision is described in the Nurses and Midwives Superguide (HETI 2013).

Supervision of clinical practice is essential to the development of skills and knowledge. Clinical Supervision is not to be driven or related to disciplinary or performance management. Poor performance is managed according to the Framework for Managing Staff with Identified Practice Issues.
Section 3 - Definitions

- **Clinical Supervision** has been defined by Lyth (2008) as ‘a support mechanism for practising professionals within which they can share clinical, organisational, developmental and emotional experiences with another professional in a secure, confidential environment in order to enhance knowledge and skills’.

- **Supervision of Clinical Practice** refers to the overseeing of the development of clinical skills and acumen, organisation and provision of supervised clinical experience and evaluation of clinical care with the intention of developing the clinician’s ability to provide safe and effective care.

- **Point of care** refers to the interface between the clinician and the patient/client.

- **Oversight** refers to the process of watching the clinician in practice. It may be direct, in that the supervisor observes the supervisee at the time that care is delivered, or it may be indirect, in that the supervisor is consulted before or after the care is provided.

- **Reflective practice** is the processes whereby analysis of actions is engaged in and stimulated by openness to learning and development.

- **Skills** are those technical, interpersonal and procedural elements that are integral to the provision of safe patient care. The ability to problem solve and adapt practice to the circumstance is included in this definition.

- **Supervision** is the process by which one clinician has oversight of another’s practice. It is a process designed to enhance the learning and performance of another with the direct intention of enhancing the supervisee’s ability to deliver the highest standard of care. The relationship is not disciplinary, nor is it performance management, although observation of practice may be a component of performance management. (See Framework for Managing Staff with Identified Practice Issues) If part of performance management plans, all observation of practice must be documented by the supervisor. If part of clinical teaching and professional development, the documentation is the responsibility of the person being supervised.

- **Supervisor** is the individual who has responsibility for overseeing the practice of another, less experienced professional with the intent of enhancing the knowledge and skills of that person. A supervisor may also facilitate a group in which individual’s practices may be enhanced through reflective processes. The supervisory role is inherent in the role of all nurses and midwives. The aim of supervision is to ensure that the supervisee is adequately skilled and knowledgeable to provide safe and effective evidence based care. The role of the supervisor may include instruction in skills, techniques or procedures, and direct oversight of the supervisee performing them. The supervisor is expected to be more experienced in the specific skills being developed than is the supervisee.
- **Supervisee/s** is the person/s whose practise is overseen with a view to enhanced learning and development.
Section 4 - Responsibilities

SESLHD Director of Nursing and Midwifery is responsible for

- Directors of Nursing and Midwifery are supported in their responsibility to ensure nursing and midwifery staff are provided with opportunities for and access to clinical supervision.
- That district wide governance is maintained and reviewed as appropriate.
- There is effective liaison in relation to this policy with The SESLHD Clinical Education and Training Council.

Site Directors of Nursing and Midwifery, Managers of Nursing and Midwifery Services are responsible for:

- There are processes in place to ensure that all nurses and midwives have access to clinical support and supervision from a more experienced nurse or midwife at the point of care.
- There is delegated responsibility for point of care supervision of nursing and midwifery staff in all settings.
  - Where possible, group clinical supervision is made available to staff.
- Regular Clinical Supervision is considered necessary for nurses working in child and family health and should be negotiated according to the individual clinician’s requirements at a specific time.
- That those with the designated responsibility for supervision of staff are adequately prepared for the role.
- Supervision of practice is a responsibility of the Nursing/Midwifery Unit Manager, Clinical Nurse/Midwife Consultant, Clinical Nurse/Midwife Specialist, Nurse/Midwife Educator, Clinical Nurse/Midwife Educator and the registered nurse or midwife who assumes the role of ‘buddy, preceptor or mentor’ to any member of staff or who delegates responsibility for care to any member of staff. Position statements for these roles should reflect this.
  - That staff are given adequate time to provide and receive supervision.
  - That adequate record keeping of attendance at supervision is maintained.

Supervisors are responsible for:

- They are familiar with the spectrum of supervision from point of care to group supervision.
- They are adequately skilled to supervise others at the point of care.
- That documentation of supervision is maintained and is owned by the LHD.
- That training in group clinical supervision is undertaken before assuming the role of supervisor.
- They are engaged in their own supervision if supervising a group.
- Understand and maintain the professional, ethical and legal aspects of confidentiality in relation to supervision.
That all aspects of this policy are observed.

Supervisees are responsible for:

- They participate in the clinical supervision
- They are actively engaged in the supervisory relationship and working towards the attainment of their goals.
- Understand and maintain the professional, ethical and legal aspects of confidentiality in relation to supervision
Section 5 - Preparation for Supervision

The supervision of practice at the point of care is an inherent responsibility of the registered nurse or midwife. Sharing of expertise, development of practical nursing and/or midwifery skills and critical thinking around practice issues are expected at all levels of nursing and midwifery practice. Supervisors responsible for the direct or indirect oversight of students and those in transition are expected to have as a minimum:

- An understanding of the specific learning goals of the supervisee.
- Preparation for teaching and provision of feedback, at least at the level outlined in the Nurses and Midwives Superguide (HETI 2013).

Those who are in roles where they provide Clinical Supervision must:

- Be provided with access to specific training/education in Clinical Supervision.
- Have completed specific training/education in Clinical Supervision.
- Have access to regular supervision themselves.
- Dedicated time allocated each month for both of the above elements.
Section 6 – Documentation, References & Approval History

Documentation of Clinical Supervision is the responsibility of both supervisee and supervisor. Documentation should occur within an agreed template e.g. a log, and may form part of the professional portfolio of both supervisor and supervisee. Minimum standards for documentation include:

- The date, time and duration of supervision.
- The nature and location of supervision.
- Names and roles of those involved in the supervision.
- For Clinical Supervision, an agreement regarding the approach, frequency and minimum duration of supervisory sessions should be developed and agreed to annually by all participants.
- Confidentiality relating to matters discussed in supervision should be observed, unless ethical professional or policy matters arise that require action.

References


Revision and Approval History

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