

SESLHD GUIDELINE COVER SHEET

NAME OF DOCUMENT	Clinical Supervision of Nurses and Midwives
TYPE OF DOCUMENT	GUIDELINE
DOCUMENT NUMBER	SESLHDGL/027
DATE OF PUBLICATION	May 2019
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards 1 – Clinical Governance 4 – Medication Safety 5 – Comprehensive Care 6 – Communicating for Safety
REVIEW DATE	May 2022
FORMER REFERENCE(S)	N/A
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KEY TERMS	Clinical Supervision, Nurses, Midwives, Family Health
SUMMARY	The guideline provides outlines the coordination, management and exercise of clinical supervision for nursing and midwifery staff across SESLHD

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Clinical Supervision of Nurses and Midwives

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. Supervision of practice is an important component of wellbeing of staff, and may help to build personal and professional resilience.

Clinical Supervision is a continuum of professional development approaches aimed at ensuring the patient receives skilled and effective care from nurses and midwives who are capable, confident and supported in their professional development.

A shared vision and understanding of the purpose of clinical supervision is needed, to ensure clinical supervision is accepted and practiced. (NSW Health, Clinical Supervision Framework, 2015).

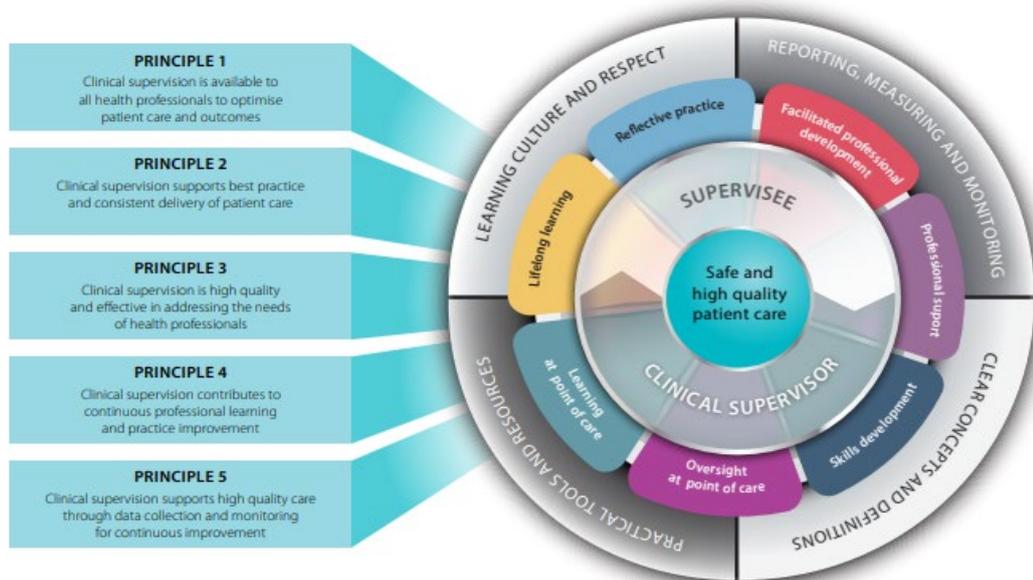


Figure 1 : NSW Health Clinical Supervision Framework

These guidelines provide a framework to support:

- **Point of Care Supervision**
- **Facilitate Professional Development and**
- **Reflective Supervision**

[The Health Education & Training Institute \(2013\) The Superguide: A Supervision Continuum for Nurses and Midwives](#)

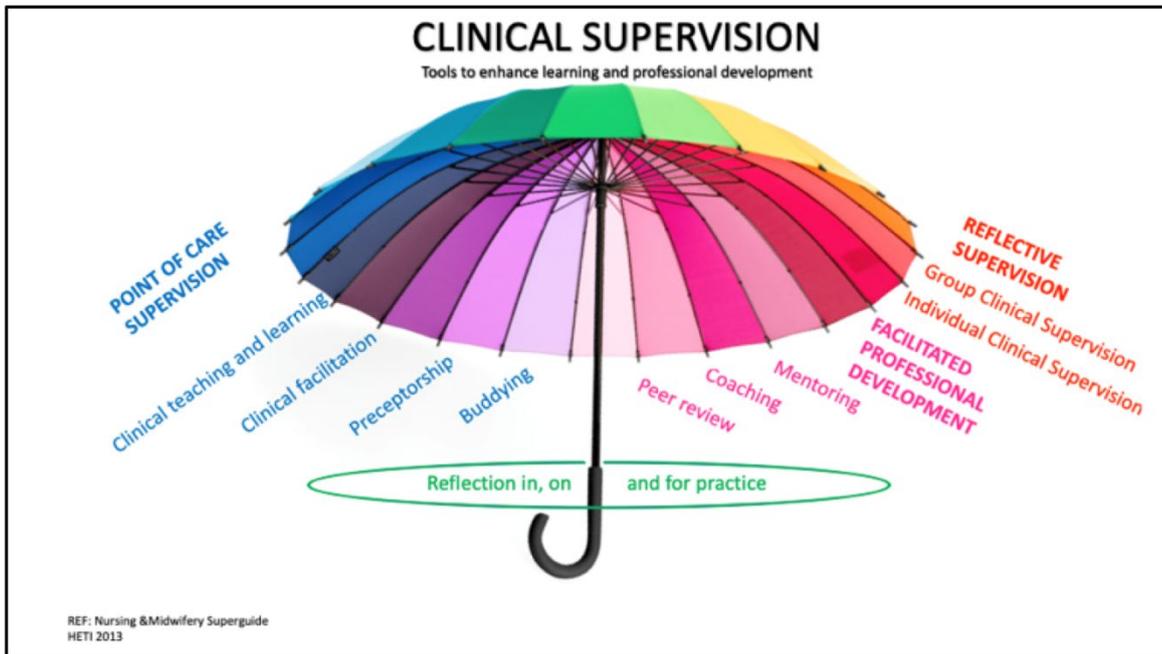


Diagram: 1

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.

Clinical Supervision is not to be driven or related to disciplinary or performance management. Poor performance is managed according to the [SESLHDPD/270 - Framework for Managing Nursing & Midwifery Staff with Identified Practice Issues](#) and matters relating to breaches of the Code of Conduct, serious ongoing performance problems or disciplinary matters as defined within [NSW Ministry of Health Policy - PD2018_031 Managing Misconduct](#).

2 - Principles

2.1. Point of care supervision 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. 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.
- Supervisors must have an understanding of the specific learning goals of the supervisee.
- Supervisors are encouraged to attend SESLHD Clinical Supervision – Foundation level workshop (CSK 13955).
- The table below highlights further details for Point of Care Supervision

Clinical Teaching		Clinical Facilitation	Preceptorship	Buddying
Description	Education of specific clinical and non-clinical skills	Supervision and support of nursing and midwifery students during clinical placement	Clinical support for new staff during the transition to the new work environment	Welcome and orientation to the new work environment
Delivery Method	Opportunistic informal/formal Individuals or group	Informal/formal Individual or group	Informal/formal Individual	Informal Individual
Duration	Short term episodic/planned	Short-medium term	Short term	Short term Commencing first day
Feedback Process	Feedback to the learner and NUM/MUM as required	Ability to reflect on practice. Feedback can be to student and may include an education provider.	Feedback to the preceptee, and NUM/MUM	Feedback to new staff member and NUM/MUM
Intended Outcomes	Increased knowledge clinical skills and application of theory to practice. Safe clinical practice. Competency attainment	Safe patient care during student learning. Application of skills and knowledge to practice. Feedback, guidance and encouragement to continue development. Working towards competency attainment.	Increased knowledge, clinical skills, and application of theory to practice. Safe clinical practice and supported transition to work environment.	Quicker integration into the work environment. Interactions with the NUM/MUM are more focussed on key areas. Increased opportunity for connection with other staff.
Examples	Teaching opportunities <ul style="list-style-type: none"> • Direct patient care • At clinical handover • During ward rounds 	Observation of direct patient care and indirect by RN/RM in accordance with student's level of training and experience. Case discussion/review Debriefing.	Orientation to clinical procedures and processes. Support to achieve learning goals. Observation of competency and transition.	Orientation to physical work environment. New staff member able to ask questions freely.

Reference: HETI, 2013

2.2. Facilitated Professional Development may involve strategies such as peer review, coaching and mentoring of health professionals. Peer review encourages health professionals to actively participate in monitoring and improving each other's practice and enhancing the safety and quality of care. Coaching is aimed at developing specific knowledge and skills and usually involves a collaborative learning and development process. Mentoring involves

nurturing and improving health professionals' skills, through the sharing of expertise and knowledge by experienced staff (NSW Health Clinical Supervision Framework, HETI, 2015).

	Peer Review	Coaching	Mentoring
Description	Evaluation of care by colleague of a similar level of experience and position	Development of specific skills and knowledge to attain identified goal	Senior professional shares knowledge and expertise to nurture professional growth
Delivery Method	Informal/formal Individual or group	Informal/formal Individual or group	Informal/formal Individual – instigated by the mentor
Duration	Short-medium term (at regular intervals or in response to need)	Short term	Long term (flexible according to need/availability)
Feedback Process	Feedback to peer/s NUM/MUM awareness of peer review process	Feedback to coachee May include feedback to manager	Feedback to mentee Manager may be informed by mentee
Intended Outcomes	Quality and safe patient care Performance accountability and enhancement Professional Development Measuring practice against professional standards of practice	Focused support in the attainment of goals Empowering and enabling Improved performance and wellbeing Development of future leaders	Extended support in the attainment of goals Further development of capacity and skills Sustained development of leaders
Examples	Review of medication errors, falls Auditing of files to improve documentation Case review Root cause analysis	Leadership development Clinical leadership programs	Mentoring programs Development of managers and clinical leaders

Reference: HETI, 2013

2.3. Reflective Supervision

The purpose of Reflective Supervision within South Eastern Sydney Local Health District is to 'provide a person-centred space where health professionals are enabled to critically reflect to develop professionally and enhance their wellbeing and resilience in order to deliver safe patient care' (co-created purpose statement, 2018).

Reflective supervision **may** be offered to groups or individuals by people who have been trained in the process of providing this approach of supervision. Those facilitating reflective supervision should have access to supervision themselves.

Reflective Supervision is:

- Voluntary
- Carried out within a confidential relationship between the nurse/midwife (or group of nurses/midwives) and a trained/skilled facilitator (supervisor).
- Preferably 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.

Reflective Clinical Supervision	
Description	Reflection on work and professional issues
Delivery Method	Formal/structured Individual or group
Duration	Long term
Feedback Process	Feedback to supervisee/s
Intended Outcomes	Improved clinical practice and professional development Exploring new ways of working/or dealing with difficult situations More reflective, vibrant professional staff members
Examples	Individual or group supervision with trained supervisor Peer supervision

Reference: HETI, 2013

3 - Responsibilities

SESLHD Director of Nursing and Midwifery is responsible for:

- Supporting Directors of Nursing and Midwifery to ensure nursing and midwifery staff are provided with opportunities for and access to clinical supervision.
- Maintenance and review of district wide governance.
- 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 have a role in ensuring:

- Processes are 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.
- 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.
- Staff are given dedicated and adequate time to provide and receive supervision.

Supervisors have a role in:

- Being familiar with the continuum of supervision
- Being adequately skilled to supervise others at the point of care
- Ensuring documentation of supervision is maintained
- Ensuring they have undertaken training in reflective supervision before assuming the role of supervisor

- Undertaking their own supervision if providing supervision to individual/s or group/s
- Understanding and maintaining the professional, ethical and legal aspects of confidentiality in relation to supervision

Supervisees have a role in:

- Participating in and being actively engaged in the supervisory relationship and working towards the attainment of their goals.
- Understanding and maintaining the professional, ethical and legal aspects of confidentiality in relation to supervision.

4 - Documentation

- Documentation of Reflective 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. [SESLHD Nursing & Midwifery Reflective Supervision Resources](#).

5 - References

- HETI (2015) NSW Health Clinical Supervision Framework, HETI, 2015
- [HETI \(2013\) The Superguide: A Supervision Continuum for Nurses and Midwives, HETI, Sydney](#)
- [NMBA \(2016\) - Framework for assessing Standards for Practice for Registered Nurses, Enrolled Nurses and Midwives, Nursing and Midwifery Board of Australia](#)
- [NSW Ministry of Health Policy Directive - PD2018_031 Managing Misconduct](#)
- [SESLHDPD/270 - Framework for Managing Nursing & Midwifery Staff with Identified Practice Issues](#)
- [SESLHD \(2018\) Journey to Excellence Strategy 2018-2021. SESLHD, NSW](#)

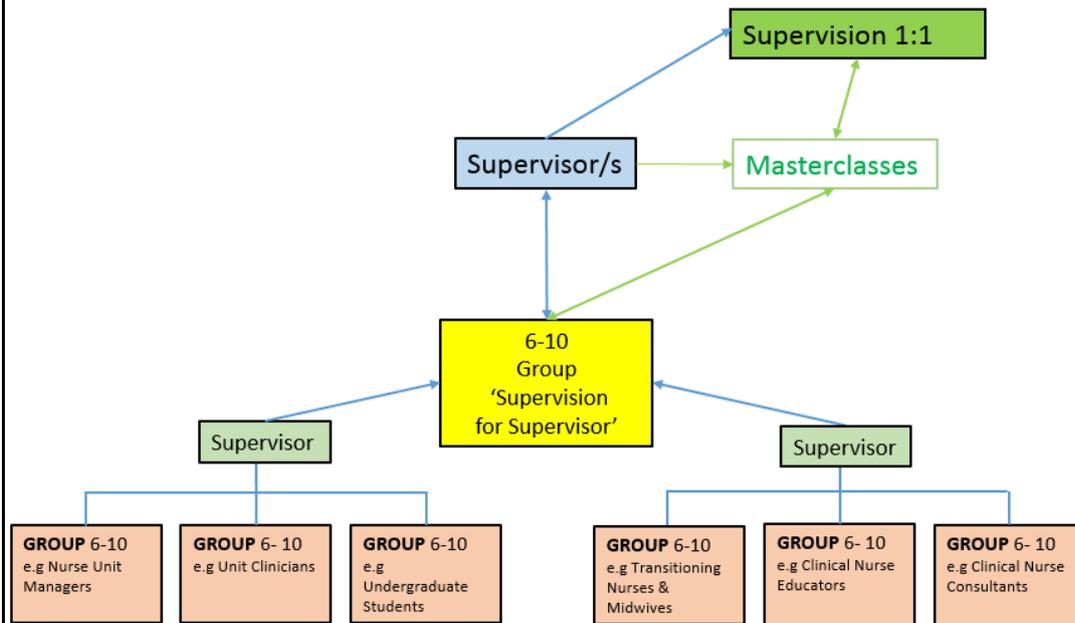
6 - Revision and Approval History

Date	Revision No.	Author and approval
Oct 2013	2	Revised former 'Clinical Supervision – Midwives and Child and Family Health Nurses' PD 030 2007
Nov 2013	3	Re-formatted to guideline template
April 2019	4	Revision: SESLHD Nursing & Midwifery Practice and Workforce Unit – Approved by Executive Sponsor
April 2019	4	Major review. Processed by Executive Services prior to submission to the Clinical and Quality Council.
May 2019	4	Approved at the May 2019 Clinical and Quality Council for publishing. Published by Executive Services.

Appendix 1

Reflective Supervision: GROUPS

Within South Eastern Sydney Local Health District the purpose of reflective Supervision is to 'provide a person-centred space where health professionals are enabled to critically reflect to develop professionally and enhance their wellbeing and resilience in order to deliver safe patient care' (co-created purpose statement, 2018).



Reflective Supervision : INDIVIDUAL

Within South Eastern Sydney Local Health District the purpose of reflective Supervision is to 'provide a person-centred space where health professionals are enabled to critically reflect to develop professionally and enhance their wellbeing and resilience in order to deliver safe patient care' (co-created purpose statement, 2018).

