

# SESLHD GUIDELINE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Clinical Supervision of Nurses and Midwives
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<b>FUNCTIONAL GROUP(S)</b>	Nursing and Midwifery
<b>KEY TERMS</b>	Clinical Supervision, Preceptorship, Nurses, Midwives
<b>SUMMARY</b>	The guideline provides and outlines the coordination, management and exercise of clinical supervision for nursing and midwifery staff across SESLHD.

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## Section 1 - Background

South Eastern Sydney Local Health District recognises that clinical supervision, both at the point of care, and through reflection in, on and for practice, is essential to the development of nurses and midwives. A shared vision and understanding of the purpose of clinical supervision is needed, to ensure clinical supervision is accepted and practiced.

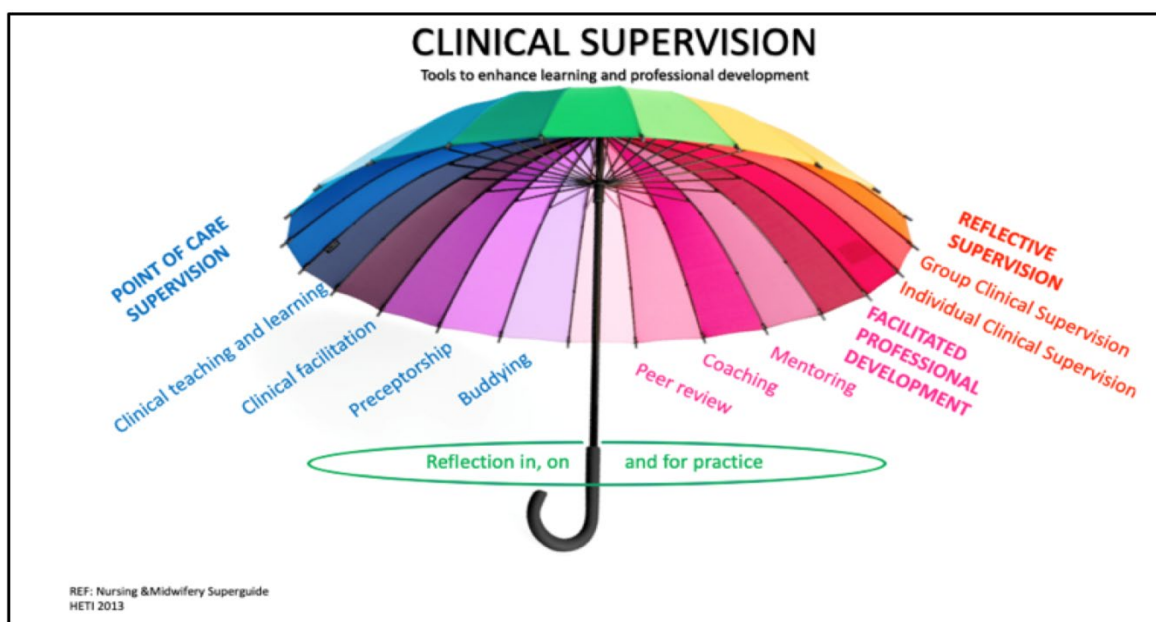
Clinical Supervision is a continuum of professional development approaches aimed at ensuring the patient and consumer receives skilled and effective care from nurses and midwives who are capable, confident and supported in their professional development.

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

### [The Superguide: A Supervision Continuum for Nurses and Midwives.](#)

This guideline outlines the framework and coordination of clinical supervision, including Point of Care Supervision, Preceptorship, Facilitated Professional Development, and Clinical Reflective Supervision—for nursing and midwifery staff across SESLHD.

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 enhance their person-centred practice.



SOURCE: ADAPTED FROM 'THE SUPERGUIDE: A SUPERVISION CONTINUUM FOR NURSES AND MIDWIVES', PAGE 17, HEALTH EDUCATION AND TRAINING INSTITUTE, 2013.

Clinical Supervision is not to be driven by or related to disciplinary or performance management. Poor practice or performance is managed according to the [SESLHDPD/270 - Framework for Managing Staff with Identified Practice Issues](#), [SESLHDPD/379 - Resolving Unsatisfactory Performance](#) or [NSW Health Policy Directive PD2025\\_021 - Managing Misconduct, Serious Performance and Child Related Concerns](#).

## Section 2 - Principles

**2.1. Point of Care Supervision** is essential to workplace teaching and learning. All nurses and midwives are responsible for both providing and receiving supervision in clinical practice. This involves overseeing the care provided by others and being supervised in the care they deliver.

**Point of care supervision includes clinical teaching, facilitation, preceptorship, and buddying. This responsibility encompasses:**

- 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/Preceptors must have an understanding of the specific learning goals of the supervisee/preceptee.
- Supervisors/Preceptors are encouraged to attend SESLHD Preceptor Workshop ([CSK 13955](#))

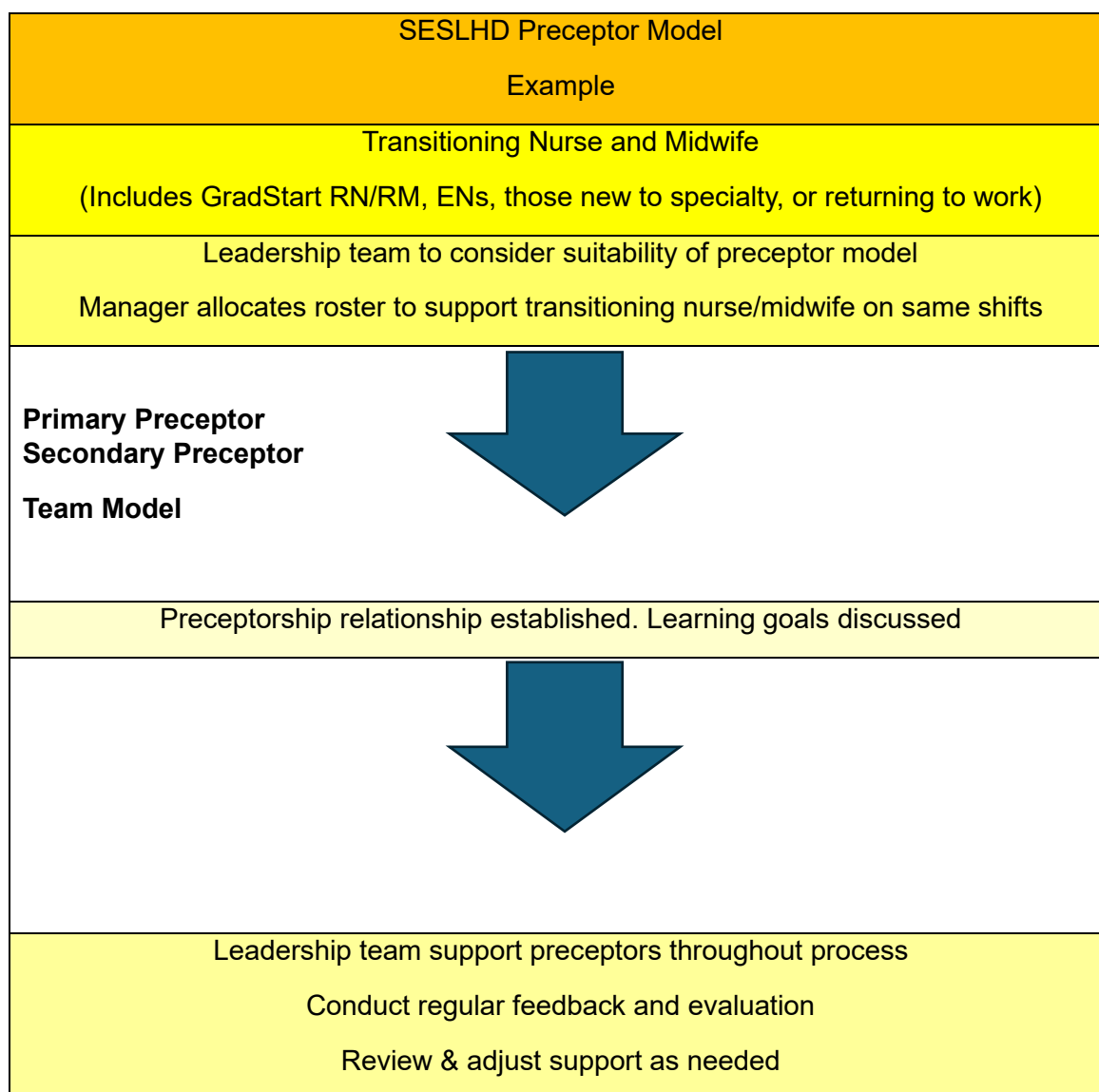
The table below highlights further descriptions:

	Clinical Teaching	Clinical Facilitation	Preceptorship	Buddying
<b>Description</b>	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
<b>Delivery Method</b>	Opportunistic informal/formal  Individuals or group	Informal/formal Individual or group	Informal/formal Individual	Informal Individual
<b>Duration</b>	Short term episodic/planned	Short-medium term	Short term	Short term Commencing first day
<b>Feedback Process</b>	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

	Clinical Teaching	Clinical Facilitation	Preceptorship	Buddying
<b>Intended Outcomes</b>	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
<b>Examples</b>	Teaching opportunities <ul style="list-style-type: none"> <li>• Direct patient care</li> <li>• At clinical handover</li> <li>• During ward rounds</li> </ul>	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

SOURCE: 'THE SUPERGUIDE: A SUPERVISION CONTINUUM FOR NURSES AND MIDWIVES', HEALTH EDUCATION AND TRAINING INSTITUTE, 2013.

### Example: SESLHD Preceptor Model for Transitioning Nurses and Midwives



### GradStart/MidStart Transition and Preceptor Support

All GradStart/MidStart nurses and midwives will be assigned one or two preceptors at the beginning of each rotation (as per the unit's Preceptor Model).

Preceptorship for GradStart/MidStart nurses and midwives is designed to support their transition into the Registered Nurse or Midwife role through a person-centred approach. The preceptor ensures that the GradStart/MidStart nurse or midwife works in a safe and supportive environment while developing their practice and capability.

**2.2. Facilitated Professional Development** may involve strategies such as peer review, coaching and mentoring of health professionals.

The table below highlights further descriptions:

	Peer Review	Coaching	Mentoring
<b>Description</b>	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
<b>Delivery Method</b>	Informal/formal Individual or group	Informal/formal Individual or group	Informal/formal Individual
<b>Duration</b>	Short-medium term (at regular intervals or in response to need)	Short term	Long term (flexible according to need/availability)
<b>Feedback Process</b>	Feedback to peer/s NUM/MUM awareness of peer review process	Feedback to coachee May include feedback to manager	May include feedback to Manager, in consultation with mentee
<b>Intended Outcomes</b>	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
<b>Examples</b>	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

SOURCE: 'THE SUPERGUIDE: A SUPERVISION CONTINUUM FOR NURSES AND MIDWIVES'; HEALTH EDUCATION AND TRAINING INSTITUTE, 2013.

### 2.3. Clinical Reflective Supervision

**The purpose** of Clinical 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' (SESLHD co-created purpose statement, 2018).

#### Definition

Clinical Reflective Supervision is 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. (ACM, ACN, ACMHN 2019).

#### Principles

Clinical Reflective Supervision provides time out and an opportunity of an ongoing professional relationship with an experienced practitioner to engage in guided reflection on current practice in ways designed to develop and enhance practice in the future (White and Winstanley, 2009).

Clinical Reflective Supervision is distinct from Point of Care Supervision, Facilitated Professional Development, Professional Supervision, Operational Management Processes, Clinical Management Processes, and Personal Staff Support (Australian College of Mental Health Nurses et al., 2019).

Clinical Reflective Supervision **may** be offered to groups or individuals (see appendix 1) by staff who have been trained to facilitate clinical reflective supervision.

Those facilitating Clinical Reflective Supervision should have access and attend their own Clinical Reflective Supervision regularly.

All those wishing to facilitate clinical reflective supervision, should attend the Clinical Reflective Supervision Workshops ([CSK131143](#))

Clinical Reflective Supervision is:

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

#### Documentation

Documentation of Reflective Clinical Supervision is the responsibility of both supervisee and supervisor. Documentation can occur within an agreed template e.g. a log and may form part of the professional

portfolio of both supervisor and supervisee. The decision on how to document is agreed during the initial agreement & discussion. Examples can be found at:

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

The **Nursing and Midwifery Practice and Workforce Unit** provides support in coordinating individual or group clinical reflective supervision and will forward a [scoping tool](#) to best support your individual or team's needs.

**Contact:** [SESLHD-NursingandMidwifery@health.nsw.gov.au](mailto:SESLHD-NursingandMidwifery@health.nsw.gov.au)



## Section 3 - Responsibilities

### **SESLHD District 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 all types of clinical supervision.
- Endorsement and maintenance of guideline.
- Providing leadership to support the evaluation process of Clinical Supervision across SESLHD.

### **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 a designated preceptor from a more experienced nurse or midwife at the point of care.
- There is delegated responsibility for point of care supervision & preceptor support of nursing and midwifery staff in all settings.
- GradStart/MidStart Nurses and Midwives will be nominated one or two preceptor(s) at the beginning of each rotation (as per unit's Preceptor Model).
- Systems are in place for all Nurses and Midwives to have the opportunity to access clinical reflective supervision.
- Staff are given dedicated and adequate time to provide and receive clinical reflective supervision.
- All GradStart/MidStart Nurses and Midwives will be supported to attend a Clinical reflective supervision group.
- Those with the designated responsibility for supervision of staff are adequately prepared for the role and have access to training.
- 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.

### **Those with the designated responsibility for supervision of staff have a role in:**

- Being familiar with the continuum of supervision and its descriptions.
- Being adequately skilled to supervise others at the point of care.
- Ensure they have undertaken training to support their role.
- Ensuring documentation of supervision is maintained.
- Ensuring they have undertaken training in clinical reflective supervision before assuming the role of facilitator.

- Undertaking their own clinical reflective 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.

**Those receiving supervision of any kind 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.

## Section 4 – References and Version and Approval History

### References

- [Health Education and Training \(HETI\) Clinical Supervision, The Superguide for Nurses and Midwives, 2013](#)
- [Australian College of Mental Health Nurses Inc. Australian College of Midwives, Australian College of Nurses \(2019\). Position Statement for Nurses and Midwives](#)
- [Nursing and Midwifery Board of Australia - Framework for assessing standards for practice](#)
- [Nursing and Midwifery Board of Australia - Standards / Standards for Practice Registered Midwife, Registered Nurse and Enrolled Nurse](#)
- [NSW Health Policy Directive PD2025 021 - Managing Misconduct, Serious Performance and Child Related Concerns](#)
- [SESLHDPD/270 - Framework for Managing Nursing and Midwifery Staff with Identified Practice Issues](#)
- [SESLHD 2022-25 Exceptional Care, Healthier Lives](#)

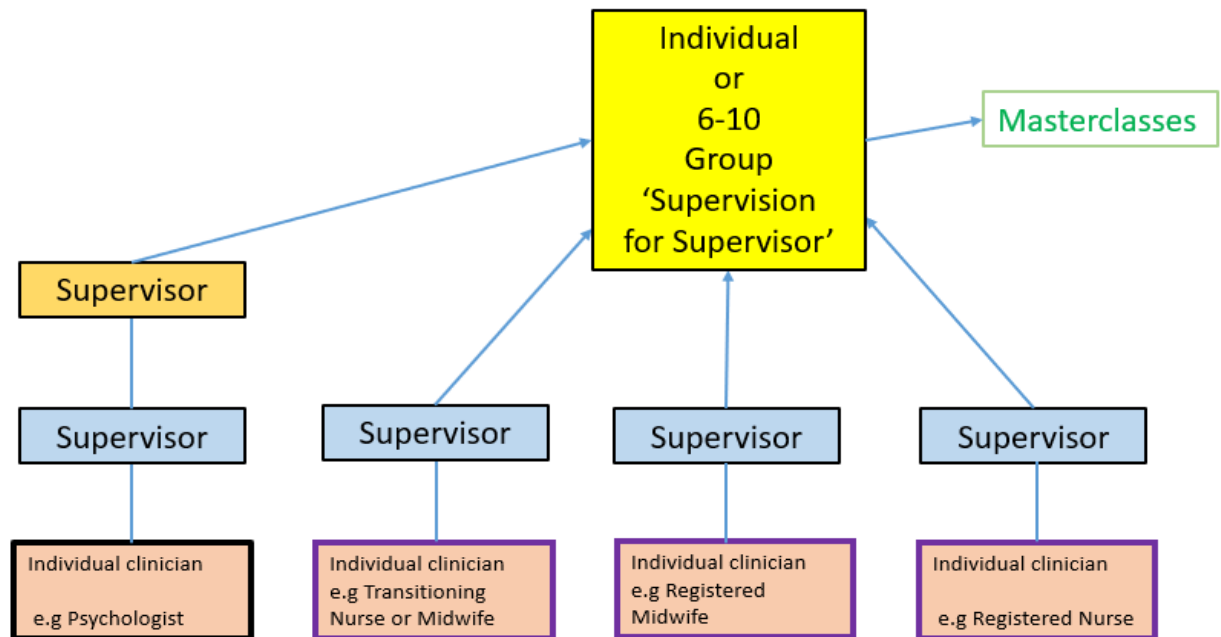
### Version and Approval History

Date	Version No.	Author and approval notes
October 2013	2	Revised former 'Clinical Supervision – Midwives and Child and Family Health Nurses' PD 030 2007
November 2013	3	Re-formatted to guideline template
February 2019	4	Revision: SESLHD Nursing & Midwifery Practice and Workforce Unit
May 2022	5	Minor review by SESLHD Nursing & Midwifery Practice and Workforce Unit to include additional diagrams/models. Approved by Executive Sponsor.
June 2022	5	Formatted and published by SESLHD Policy.
12 June 2025	5.1	Minor review to wording and updating links and references.

## Appendix A

### 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 person centred care' (co-created purpose statement, 2018).



## 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 person centred care' (co-created purpose statement, 2018).

