SESLHD GUIDELINE COVER SHEET

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SUMMARY	The document outlines the framework for provision of and participation in clinical supervision for Allied Health personnel working in South Eastern Sydney Local Health District.

Feedback about this document can be sent to seslhd-executiveservices@health.gov.au

SESLHD GUIDELINE
COVER SHEET

Allied Health Clinical Supervision Guidelines

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).

The Guideline provides a clinical supervision framework for staff in order to:

- Provide allied health professionals and allied health assistants with the opportunity to access professionally based clinical supervision
- Provide an opportunity to engage in reflective practice in order to promote high standards of care and to manage clinical risks
- Enhance professional learning opportunities

Clinical supervision is an activity of professional support and learning which empowers individual practitioners to develop knowledge and competence, maintain responsibility for their own practice and optimise safety and quality of care in complex clinical situations.

The process of clinical supervision is ongoing and should have a clinical focus involving knowledge sharing, facilitation of learning, sharing of knowledge and skills underpinned by the provision of feedback and support.

All health care professionals have a responsibility to participate in clinical supervision.

Clinical supervision is a continuum of professional opportunities which enables healthcare practitioners to develop their knowledge, skills and expertise at all stages of their career.
Clinical supervision is not: punitive, negative, performance management, performance appraisal, just about competence or attendance at organisational meetings or a counselling session.

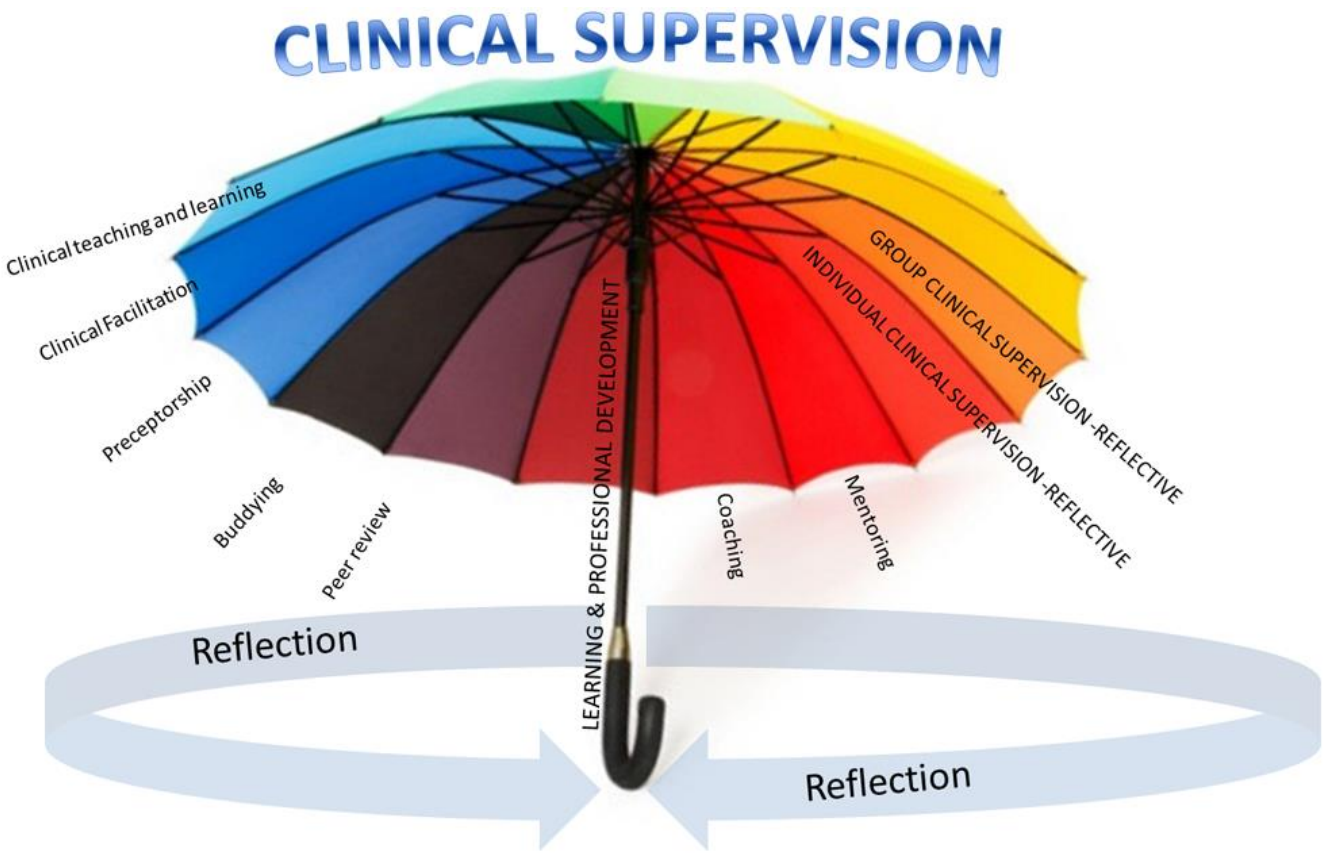
Section 2 - Principles for Clinical Supervision

South Eastern Sydney Local Health District (SESLHD) is committed to the following overarching principles:

- Health services must ensure that all allied health (AH) professionals, including assistants, have access to supervision at a level appropriate to their qualifications and experience utilising flexible models of supervision including reflective practice, group supervision and peer supervision depending on needs and capacity of the workplace.
- Different approaches to clinical supervision should reflect different allied health disciplines, workplaces and levels of clinician experience.
- Clinical supervision should be inclusive and adopt a holistic approach for allied health staff from different cultural backgrounds including those staff who identify as Aboriginal.
- AH professionals responsible for providing supervision should attend training to obtain the necessary skills and knowledge and be supported by management to carry out their role.
- All supervision should comply with any national and state mandatory requirements for professional registration.

In SESLHD a reflective practice model for Clinical Supervision has been adopted which encompasses a wide range of clinical supervision strategies aimed at enhancing skills and knowledge.
These may include (also see diagram below):

- Point of Care Supervision
- Clinical Teaching
- Clinical Facilitation
- Buddying: clinical support for new staff during transition to the work environment
- Facilitated Professional Development
- Peer review
- Coaching
- Mentoring
- Group Supervision
- Interprofessional Supervision models



http://seslhnweb/Nursing_Midwifery/Professional_Development/Clinical_Supervision/default.asp

2.1 Provision of Clinical Supervision

SESLHD is committed to **three principles in the provision of clinical supervision** for allied health staff encompassing:

1. Education and Training
2. Commitment to regular supervision
3. A transparent and consistent approach to clinical supervision across SESLHD.

To assist with this process, it is recommended that all supervisors familiarise themselves with the HETI "*The Superguide: a handbook for supervising allied health professionals*" reference document, available on the SESLHD allied health and the HETI web pages.

http://www.heti.nsw.gov.au/resources-library/the-superguide-a-handbook-for-supervising-allied-health-professionals/

2.1.1 Training and Education

Departmental heads should support and ensure all staff has access to introductory clinical supervision training as a minimum training requirement prior to commencing a supervisory role.
Supervisors should have reasonable access to ongoing supervision training where available and are responsible for maintaining their own supervisory skills.
Clinical Supervision training should include information on documentation standards, confidentiality, adult learning principles, feedback systems, organisational principles, and guidelines in relation to clinical supervision rights and responsibilities.
Resources available within SESLHD for Allied Health Supervisors include face to face training facilitated either by multidisciplinary or allied health specific trainers.
HETI has a number of online resources that are easily accessible to staff including the Superguide (see link above) and the Clinical Supervision Training Space.

http://www.heti.nsw.gov.au/Programs/CSSP/Clinical-Supervision-Training-Space/

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

Implementation Guidelines:
Clinical supervisors should be resourced to attend introductory supervisor training prior to commencing their role. Expectations of the supervisory relationship must form part of local departmental orientation processes.

2.1.2 Commitment to regular supervision

A range of supervision options may be available to staff depending on Departmental guidelines or resources and this may be negotiated on an individual basis as appropriate.

A minimum recommended standard of one hour of clinical supervision per month would be expected for all fulltime allied health professionals and pro-rata for staff working part time. This may be achieved utilising a range of Departmental supervision strategies including group, individual or peer supervision and may occur in an intra or interdisciplinary capacity. Access to supervision via teleconference and videoconference should also be considered.

Departments can provide higher levels of support based on clinical needs of the role or staff member as appropriate eg; new graduates or staff taking on new roles and time needed should be negotiated based on individual learning needs.

Clinical supervision sessions including dates, times and sites should be set in advance and negotiated at the initiation of a contract/agreement. This should be adhered to where possible and rescheduled if the sessions are cancelled for any reason. Attendance at negotiated clinical supervision sessions is strongly recommended.

The stated frequency and type of supervision will not override specific professional requirements, such as those mandated by the Australian Health Practitioner Regulation Agency (AHPRA).

In SESLHD, there are many experienced and / or clinical expert personnel. Specific consideration may be required in addressing the supervision needs of these staff including intra and interdisciplinary supervision. The importance of investing time in clinical development facilitated by a supervisor process cannot be underestimated even for experienced staff. Formalising this process through documenting goals, actions and outcomes is crucial for the improvement of knowledge and skills, for integrating theory into practice, to facilitate reflection and to develop a greater depth of self-awareness.

See **Appendix A** for additional information.

Implementation Guidelines

A range of supervision options may be available to staff depending on Departmental guidelines or resources and this may be negotiated on an individual basis as appropriate. External or interdisciplinary supervision might be considered where appropriate. Supervision sessions should be negotiated in advance depending on clinician's needs and departmental guidelines. Attendance at supervision sessions is strongly recommended as per departmental requirements and any sessions cancelled should be rescheduled at the earliest possible time.

2.1.3 Transparency and Consistency

All Allied Health departments should adhere to the requirements of this guideline to ensure consistency of supervision during clinical rotations or change of site.

It is recommended that clinical supervision is not usually provided by the operational or line manager, however this may depend on individual contexts and situations. Where possible, staff may nominate a preferred supervisor, however if departmental resources limit this, they should be allocated a supervisor based on relevant experience and the supervisory relationship reviewed on a regular basis.

Implementation Guidelines

Session boundaries should be clear to both supervisors and supervisees, including confidentiality, ensuring dedicated time for supervision and timely rescheduling of cancelled sessions.

A substitute supervisor should be arranged when the supervisor is on leave for an extended period of time (if required and as agreed to by both parties). Templates which ensure minimum standards are met should be used by all staff.

2.2 Participation in Clinical Supervision

SESLHD are committed to **nine principles for participation in clinical supervision** for allied health staff encompassing:

1. Provision of support for allied health staff
2. Access to supervision
3. Input into the supervisor allocation
4. Supervisee centred supervision
5. Maintenance of good supervisory relationships
6. Feedback for supervisors
7. Documentation of supervision
8. Confidentiality regarding supervision
9. Focus on learning

2.2.1 Provision of Clinical and Learning Support

Provision of ongoing supported learning and clinical support for the supervisee in the professional-personal interface is paramount in clinical supervision. Contracts or agreements should set clear boundaries to ensure that supervision has a clinical focus.

Implementation Guidelines

Contracts or agreements can be used to set clear boundaries around the types of support that would be appropriate for staff in the clinical supervision relationship. Should any personal distress be identified or notified by the supervisee, the supervisor should seek advice as required. The supervisee should also be reminded of the availability of the service provided by the Employee Assistance Program (EAP) in SESLHD.

2.2.2 Access to Clinical Supervision

Regular access to supervision should be facilitated regardless of experience, number of hours worked per week, location, caseload or status in the organisation.

Implementation Guidelines

A variety of modalities and strategies to facilitate ongoing clinical supervision should be considered depending on departmental capabilities for example group supervision, teleconferencing and videoconferencing. Line managers should be consulted regarding the supervisory agreement and commitment and dedicated time for supervision negotiated with all parties involved.

2.2.3 Input into supervisor allocation

Consultation regarding supervisor allocation should occur with line managers, supervisors and supervisees taking into consideration service requirements, clinical rotations and the skills of both supervisor and supervisee. Attempts should be made to match the area of expertise and appropriate level of clinical knowledge in the supervisory relationship. Where possible, the supervisor should not be the supervisee's direct line manager, however if this is not feasible, the supervisory role should be clarified in the supervision contract. Refer to "*TheSuperguide"* - clinical supervision and operational management, on page 9 of the guide.

Implementation Guidelines

Where possible, supervisor allocation should be achieved by consultation and negotiation with all parties involved and an agreement reached taking into consideration departmental capabilities. A process should be in place to ensure that the supervisory relationship is regularly reviewed and any concerns are promptly addressed.

2.2.4 Supervisee centred supervision

When negotiating the supervision agreement, consideration should be given to supervisee's learning style and previous supervisory experiences to ensure that supervision is tailored to the individual clinician. Supervision should occur within a negotiated, safe and comfortable environment where confidentiality can be maintained and goal setting occurs in consultation with the supervisee.

Implementation Guidelines

Supervisees should come to supervision sessions with adequate preparation and be guided as to how to prepare for this during the initial contract agreement meeting. Supervisees should bring clinical cases or clinical topic/issues to the session for discussion and reflection and it should be emphasised that time is set aside to prepare prior to the sessions to maximise the effectiveness of supervision. Any learning goals developed should take into consideration the issues brought to supervision by the supervisee.

2.2.5 Maintenance of Good supervisory relationships

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.

Implementation Guidelines

Negotiation with all parties, including the supervisee where possible, into supervisor allocation will enhance the supervisory relationship. If a problem or conflict occurs within the supervisory relationship, there should be a mechanism in place within each department to resolve issues utilising feedback processes as outlined below and if necessary, referral to a more senior staff member to ensure resolution of those issues.

2.2.6 Feedback in the Supervisory Relationship

Feedback should occur regularly within the supervisory relationship and should be a two-way process. Feedback for supervisees during supervision should be constructive, with the aim of supporting supervisee learning, critical thinking and problem solving.

Specific processes to enable supervisee to supervisor feedback should also be in place, as per **section 5 "Documentation of Supervision"** of the guideline. 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. If the supervisee feels that the supervisory relationship is ineffective for any reason, there must be a process in place where they are able to refer this confidentially to more senior staff.

Implementation Guidelines

Supervisees: Documented feedback using a template should be used to facilitate regular feedback to the supervisor from the supervisee. This should be given to the supervisee at the commencement of each supervisory contract/agreement. Feedback should occur as a minimum after three months and at the end of each contract/agreement period. If supervisees believe 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 to a more senior staff member for resolution.

Supervisors: Once supervisors have received feedback from all their supervisees, any relevant issues identified with the supervisory relationships should be discussed with their own clinical supervisor to help focus on potential strategies for learning to improve their supervisory skills.

2.2.7 Documentation

Standards of documentation are detailed in Section 5

2.2.8 Confidentiality

Ensuring the 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. Confidentiality requirements should be made clear during supervision training for all staff and explicitly highlighted in the Supervision contract. If a supervisor believes that a clinician is in difficulties, patient safety may be compromised by unsafe clinical practices or lack of knowledge or participation is supervision is lacking, the supervisor is obliged to advise the supervisee of the need to consult the line manager with their concerns is deemed necessary to address these.

If specific clients or staff are discussed or clinical notes reviewed during supervision sessions, minimal identifying information should be documented.

Implementation Guidelines

During staff training and in the initial supervision agreement, there should be clear discussion regarding when it might be appropriate to consult the supervisee's line manager in relation to:

- Concerns for the supervisees progression
- Level of participation
- Concerning and ongoing gaps in knowledge

Such communication should only occur following open communication with the supervisee and attempts to address the concerns by reviewing goals and strategies have been ineffective within a designated time frame.

If the supervisor determines that the clinician is in difficulty, he or she should seek advice immediately from the senior clinician or Head of Department/Manager.

Separate performance management processes may apply in some instances. Performance management issues should be directed to the appropriate senior for management. All discussions concerning the supervisee should also remain highly confidential.

2.2.9 Learning

Learning should be at the centre of supervision. Adult learning principles should be at the core of all supervision activities and supervisors and supervisees should demonstrate a commitment to ongoing learning and evidence based practice. Learning should be centred on the supervisee's goals and these should be reviewed regularly. It is important that the supervisee is instrumental in developing their learning goals and this is facilitated by the supervisor. The supervisee is ultimately responsible for his/her own learning and the supervisor is responsible for facilitating learning by assisting the supervisee to recognise and reflect on knowledge and clinical practice gaps and identify opportunities for improving these.

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).
http://www.heti.nsw.gov.au/Resources-Library/allied-health-learning-guide/

Implementation Guidelines

Adult learning requirements and learning styles should be adapted to each individual.
Examples of learning opportunities might include:

- Demonstration of specific techniques
- District based learning opportunities or activities
- Discussion about resources or resource location
- Reading on specific clinical issues eg; journal article
- Learning and teaching skills
- Review of documentation
- Complex case discussion
- Case studies

See the *Superguide* and *the Learning Guide* for additional information and tips.

Section 3 - Definitions

Clinical Supervision:

- An activity of professional support and learning which empowers individual practitioners to develop knowledge and competence, maintain responsibility for their own practice and optimise safety and quality of care in complex clinical situations.

Supervisor:

- Any allied health professional required in their position description to perform 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 SESLHD is responsible for ensuring:

- Allied Health managers are supported in enabling staff to access clinical supervision
- District-wide systems of governance are maintained that support supervision and are reviewed as appropriate
- Supervision is valued as an essential component of clinical health care delivery and is embedded in core business of the LHD
- Key performance indicators are available to measure supervision activity.

Allied Health Discipline Advisors and Department Heads are responsible for ensuring:

- Supervision responsibilities are outlined in position descriptions and included in orientation procedures
- Processes are in place to ensure that supervision occurs within department/service/team and adherence to the Guideline is observed and reported through KPI's as needed
- A system is established to record supervision activity within the team/department/service and that appropriate documentation standards are completed
- Standardised templates to support supervision have been developed and implemented
- All allied health professionals have access to resources and training that support supervision
- Where possible, all supervisors attend training before commencing supervision of staff
- Supervisor training is provided at appropriate intervals dependant on levels of experience to ensure skills are maintained
- Mechanisms are in place to support the evaluation of clinical supervision
- Compliance with the guideline is reported as required to the Director Allied Health
- Staff link in with SESLHD cultural awareness training to ensure a holistic and inclusive approach to supervision and collaborate with the Aboriginal Health Unit if needed to provide support for supervision of Aboriginal allied health staff.

Supervisors are responsible for ensuring:

- They are familiar with the content, processes and policies in Health Education and Training Institute's (HETIs) "*The Superguide: a handbook for supervising allied health professions"* ("the *Superguide*") This document is available at http://www.heti.nsw.gov.au/resources-library/the-superguide-a-handbook-for-supervising-allied-health-professionals/
- Attendance at training before commencing supervision
- Adherence to all aspects of the guideline
- Up-to-date knowledge and best practice in supervision are maintained
- Planning and preparation for supervision sessions occurs
- Allocation of adequate time for supervision
- An inclusive approach to clinical supervision, being culturally supportive and utilising the Aboriginal Health Unit as needed.

Supervisees are responsible for ensuring:

- They are familiar with the content, processes and policies in Health Education and Training Institute's (HETIs) "*The Superguide: a handbook for supervising allied health professions"*
- Prioritisation of supervision within core clinical responsibilities
- Participation in supervision in line with position description requirements commensurate with their qualifications and level of experience
- They plan and prepare appropriately for supervision sessions
- They are actively engaged in the supervisory relationship and working towards achieving agreed goals
- Aboriginal staff should refer to the Aboriginal Health Unit for cultural support if needed.

Section 5 - Documentation of Clinical Supervision

All clinical supervision must be supported by relevant documentation. Documentation should focus on learning, including obstacles to learning, facilitators of learning and goals for learning.

Documentation should include:

1. **Supervision Contract or Clinical Supervision Agreement** – outlines expectations, parameters, confidentiality, documentation requirements and storage. It is tailored to the individual needs of the supervisory relationship. This should be completed initially and then reviewed annually or on commencement in a new clinical area.
2. **Notes from the supervision session** – should be completed at the end of a session and shared between all participants present
3. **Supervision Log** — of supervision given AND received which may be used for statistical purposes and evidence of adherence to the Guideline
4. **Supervision feedback forms** – to be completed after three months then on an annual basis to evaluate the effectiveness of the supervisory relationship.

Documentation should be kept in a secure electronic storage system or equivalent and it is the responsibility of the supervisor and supervisee to ensure a log of supervision is maintained.
Staff should note that there are some circumstances where documentation may be released from the confidentiality of the supervisory relationship (see page 18 of *the Superguide*).
Supervision documentation must be stored for a period of time in line with the NSW Government State Records Requirements www.records.nsw.gov.au

The Superguide: a handbook for supervising allied health professions (pp 72-79) provides a number of template forms that can be used as part of the supervision process.

These include:

1. **Supervision Contract** (Appendix A Superguide)
2. **Clinical Supervision agreement** (Appendix B Superguide)
   (Note: In reviewing the examples of existing forms, this is the form where a list of subject areas and supervision techniques can be stated to differentiate between more junior and senior staff.)
3. **Notes on supervision session** (Appendix C Superguide)
4. **Supervision log** (Appendix D Superguide) – to be completed at the end of each session.
5. **Supervision Feedback form** (Appendix E Superguide)
6. **Smart Goal template** (Appendix F Superguide) – to be completed as required when setting goals during supervision sessions
7. **Reflective Practice** Template (Appendix G Superguide)

Local forms that meet the requirements of the guideline may be developed by individual clinical departments for use within their teams.

Section 6 – Allied Health Assistants

There are a number of specific issues which require consideration in the supervision of allied health assistants by allied health professionals. A set of guidelines have been developed to assist this process – **see Appendix B.**

Section 7 - References

Illawarra Shoalhaven Local Health District (ISLHD) Allied Health Clinical Supervision Policy (Draft)

Health Education and Training Institute "*The Superguide: a handbook for supervising allied health professionals*", October 2011 http://www.heti.nsw.gov.au/resources-library/the-superguide-a-handbook-for-supervising-allied-health-professionals/

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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 the 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

Appendix A: Supervision requirements for senior clinicians

Providing clinical supervision to experienced senior clinicians requires flexibility with supervision structure, to allow tailoring of the supervision process to meet their individual needs. Opportunities for traditional 'face to face' support are often lacking with this particular group of clinicians, and thus different ways to develop their skills, knowledge and expertise may be required.

Supervision of experienced and / or senior clinical personnel should support practitioners to facilitate skill development of peers within their clinical teams/department, pursue research opportunities, and ensure re-evaluation of current practice, as well as develop their individual clinical knowledge and skills.

Suggested examples of strategies to meet the unique requirements of these practitioners include:

- Supporting staff to source an appropriate supervisor via discipline specific hierarchies within the hospital, District University partners, the NSW Ministry of Health or via National networks.
- Facilitating the clinician to choose a supervisor who will best meet their specific needs (this may involve linking in with other services / institutions) and allowing the opportunity for senior staff to enhance relationships with contacts who have the appropriate skills and knowledge to assist with their own clinical professional development.
- If necessary, dividing the clinical and non-clinical elements of supervision between two different supervisors. This may facilitate avenues for continuing professional development, career progression and debriefing to be completed on-site (if discipline specific supervisor is based externally) and discipline specific clinical supervision off-site.
- Developing a contract with the supervisor (especially if external to the organisation) which would include a commitment to alert the line manager in the event of an adverse event, and continuous consultation to ensure adherence with the guideline.
- Facilitating different mediums for supervision eg; teleconferencing.
- Using peer supervision to discuss clinical caseloads and reflect on own practice. Each clinician in the group should be expected to contribute to group sessions to ensure equal involvement by all members.
- If supervision is conducted in a group format, the supervisee could have input into choosing group members where possible to facilitate rapport within the group. Clear group guidelines would need to be negotiated including a contract, expectations and clarifying reporting avenues if a problem arises.
- Formalising (by documenting) multi-disciplinary team or case discussions / special interest groups as a form of supervision using templates, such as those in the *Superguide*.
- Supporting specific non-clinical interests such as development of research skills, management competencies with a commitment to follow through on identified needs to ensure that the process is seen as worthwhile.

Appendix B: Supervision for Allied Health Assistants

The following guidelines apply when an Allied Health professional (AHP) has clinical responsibility for the supervision of an Allied Health Assistant (AHA) working in any or across multiple Allied Health disciplines:

1. The AHA's position description outlines the expected accountabilities and capabilities of the individual AHA's specific role.

   Additionally, the *Employability Skills* for the Certificate IV in AHA (HLT43015) may assist or the Certificate III (HLT37115) and IV in Hospital Health Services Pharmacy Support (HLT47115) for Pharmacy Technicians.

   https://training.gov.au/Training/Details/HLT37115
   https://training.gov.au/Training/Details/HLT47115
   https://training.gov.au/Training/Details/HLT43015

2. Ongoing clinical supervision of AHAs must comply with the elements of this Allied Health Clinical Supervision Guideline and is an essential component of clinical care. *All AHPs have a professional responsibility to contribute to the ongoing clinical supervision of AHAs.*

   Note: Reflective clinical supervision conducted monthly (generally) by the AHA's reporting supervisor/manager, is a separate process to be scheduled in advance as per the AHA's supervision contract.

3. If an AHA is new (or new to a particular clinical area), they will initially require a higher level of supervision. The supervising AHP must:

   - assess and verify the AHA's competency within the clinical context
   - define and clarify the AHA's scope of practice
   - ensure the AHA acknowledges a clear understanding of their scope of practice within that context. This includes tasks which can be done with and without direct clinical supervision.

   The AHP's assessment of the individual AHA's capabilities is the critical determining factor to ensure the safe delegation of specific therapy tasks (irrespective of qualifications the AHA has attained). Assessments determining competency to perform work **must** be documented.

4. All therapy tasks delegated to an AHA need to be clearly and unambiguously documented (eg; patient/client program or plan) including an effective post-therapy feedback process.

   Note: The AHP is responsible for providing verifiable "reasonable direction" regarding the delegated therapy program/plan content to the AHA. However, if the AHA chooses to work outside the supplied "reasonable direction" the AHA is held accountable for any resultant adverse outcome (i.e. the AHP could not be held liable).

The importance of documentation in relation to the process of the supervision of AHA cannot be underestimated. Civil (legal) proceedings related to negligence will review documented evidence.

Appendix C: 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 background.

A useful resource produced by Victorian Dual Diagnosis Initiative: Education and Training Unit and St Vincent's Hospital, Melbourne on culturally appropriate clinical supervision can be found in the following link:

http://ahmrc.org.au/media/resources/social-emotional-wellbeing/workforce-support-unit-wsu.html

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 9540 8251. They are located in Burawan, Level 1, The Sutherland Hospital.