SOUTH WESTERN SYDNEY
Centre for Education & Workforce Development

NSW GOVERNMENT Health
South Western Sydney Local Health District

REFLECTIVE GROUP CLINICAL SUPERVISION

Information Guide for Supervisees

South Western Sydney Centre for Education & Workforce Development

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Information contained in this publication was correct at the time of printing.
Guidelines for SWSLHD staff engaged in Reflective Group Clinical Supervision Program
January 2017

Table of Contents

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Introduction

Reflective clinical supervision is a relatively new practice in nursing and midwifery, although it has had a long history in mental health nursing. Internationally, clinical supervision is increasingly recommended as an important component of continuing professional development. In addition, recent policy documents, guidelines and framework documents[1,2] for nurses and midwives in NSW note that health services should ensure staff receive clinical supervision on a regular basis. Position descriptions in some NSW Local Health Districts now contain participation in clinical supervision as a means of supporting staff in the provision of safe and effective health care.

What is Clinical Supervision?

The term clinical supervision is used in a variety of ways to describe dedicated time to reflect on clinical practice and situations in context of the work environment. No single definition fits all models and professions, however as a minimum, 'Clinical supervision is regular protected time for facilitated, in-depth reflection on professional practice', (Bond & Holland 1998).

The provision of empathetic support to improve therapeutic skills, the transmission of knowledge, and the facilitation of reflective practice. This process seeks to create an environment in which the participants have an opportunity to evaluate, reflect and develop their own clinical practice and provide support for one another[3].

Clinical Supervision **is not**:

- The supervision or oversight of clinical work by another staff member in a line management role
- Individual performance review
- A form of disciplinary procedure
- Preceptorship or mentoring
- Critical incident debriefing
- Psychotherapy or counselling

Why is Clinical Supervision Important?

The overall purpose of clinical supervision is to provide the best available standard of care. In a relationship based on trust and openness, clinical supervision provides the opportunity for supervisees to review and reflect on their work to be able to improve in future[4].

Benefits of regular clinical supervision

- Increased feelings of support, job satisfaction and morale.
- Promotion of work-based learning and the development of new skills.
- Increased professional discipline, growth and identity.
- Improved recruitment and retention of staff.
- Beneficial risk management strategy for organisations.
- Promotion of quality assurance and competent best practice.
- Reductions in professional isolation, levels of stress, emotional exhaustion and burnout.

Reflective Group Clinical Supervision: An Introduction

In South Western Sydney Local Health District (SWSLHD), the Proctor Model of Reflective Group Clinical Supervision (RGCS) is practiced for all nursing and midwifery staff. Reflective Group Clinical Supervision (RGCS) is a formal professional relationship between two or more people in designated roles, which facilitates reflective practice, explores ethical issues and develops skills (ACSA,2014). There is evidence to show that Clinical Supervision is an essential component of safe and accountable practice and aids in the development of the nurse and the profession.

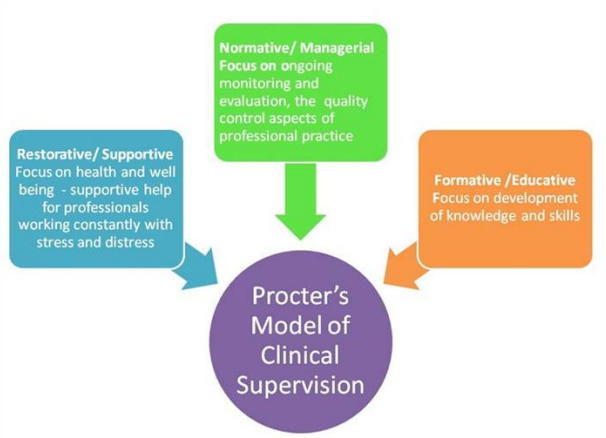
'The therapeutic relationship, is the focus of nursing care and is thus the focus of supervision' (Berggren, Barossa, and Severinsson 2005). They further state that 'Clinical nursing supervision enables the person receiving supervision (supervisee) to reflect on ethically difficult caring situations'.

The Proctor Model of RGCS covers three (3) critical areas:

1. The **Restorative/Supportive aspect** which focuses on the health, wellbeing and supportive help for nurses working with constant stress and distress;

2. The **Normative/Managerial aspect** which focuses on the quality, evaluation and monitoring aspects of the practice; and

3. The **Formative/Educative aspect** which focuses on knowledge and skills development.



Whilst all the three aspects are important, the Restorative aspect is critical to Reflective Group Clinical Supervision.

Reflective Group Clinical Supervision is NOT:

- Telling staff what to do- that is management
- Telling staff how to do- that is education
- Helping staff with their personal problems, that is counselling (Nicklen, 1995)

However all three may often be considered during supervision.

The Proctor framework excludes the following:

- The exercise of managerial responsibility/supervision
- A system of formal individual performance review
- Personal therapy
- Medical/nursing case review
- Conflict resolution between staff
- Nor is it hierarchical in nature (UKCC 1996)

Program Guidelines

The RGCS sessions follow some basic guidelines. These are listed below:

- Attendance is voluntary
- An agreement is signed between the session facilitator and the staff attending the sessions normally referred to as the 'supervisee'. The agreement defines the principles of reflective group clinical supervision and states the importance of confidentiality.
- The length of each session is approximately one (1) hour; however the session may go longer if the supervisees deem it necessary.
- The supervisees agree to inform their session facilitator about any cancellations or their intention to withdraw from the program.

The facilitator may be forced to breach the RGCS privacy and confidentiality agreement under the following circumstances:

1. Dangerous clinical practice

a. **Definition**: Any clinical practice, or lack of compliance to policy, NSW Health Code of Conduct, Code of Professional Practice that may cause harm to the patient and or the organisation.

b. **Legislation/district policies & guidelines**: NSW Health Code of Conduct, National competency Standards for Registered, and or Enrolled Nurses/Midwives

c. **What action will be taken:** When the facilitator is made aware of a dangerous clinical practice, in the first instance they will refer the supervisee to the Standards/Policy and refer them to the CNE/Manager for further assistance/escalate the matter to their direct line manager. If the problem persists, the facilitator will send an email to the direct line manager alerting them to the issue raised.

d. **The facilitator's boundaries**
   - Once the facilitator has formally escalated the issue to the direct line manager, the facilitator's role in the context of the dangerous practice ends.
   - The facilitator may refer the supervisee to Employee Assistance Program (EAP) for ongoing support of this issue.
   - The facilitator may continue to provide RGCS support to the supervisee for other reflective practice matters.

2. Child/Patient abuse

a. **Definition**: Any act of violence, which includes physical abuse; sexual abuse; psychological, emotional and verbal abuse; social abuse; economic abuse; and harassment and stalking against a child or adult or any person including the Health Service Provider (NSW Health Child Protection Strategy Unit).

b. **Legislation/district policies & guidelines**: Child Wellbeing and Child Protection Policies and Procedures for NSW Health (PD2013_007)
   - It is **mandatory for all staff to report**
   - Follow the Child Wellbeing and Child Protection - NSW Interagency Guidelines.

c. **What action will be taken**
   When the facilitator is made aware of an actual or suspected child/patient abuse, the facilitator will:
   - Inform the supervisee that as health workers, all staff are mandated to report actual or suspected child/patient abuse
   - Guide the supervisee to the relevant policy on SWSLHD website or refer them to talk to SWSLHD Child Protection team.
   - Guide the supervisee to inform their direct line manager in writing(e-mail) of the actual or suspected child/patient abuse

d. **The facilitator's boundaries:**
   It remains the responsibility of the facilitator to inform the direct line manager of the actual or suspected child/patient abuse. Once this notification is made, the facilitator's responsibility ends. The facilitator may continue to provide RGCS support to the supervisee or refer the supervisee to EAP for ongoing support.

3. Bullying and Harassment

a. **Definition:** Behaviour which is offensive, intimidating, intended to humiliate or threaten a staff member or a group of staff members and occurring in the course of or related to work in NSW Health. (Prevention and Management 0f Workplace Bullying PD2011_018).

   Workplace bullying will generally meet the following criteria:
   - It is repeated and systematic (although a serious single incident can also constitute bullying)
   - It is unwelcome and unsolicited
   - The recipient/s consider/s the behaviour to be offensive, intimidating, intended to humiliate or threatening

b. **Legislation/district policies & guidelines**
   MOH Policy: Prevention and Management 0f Workplace Bullying PD2011_018

c. **What action will be taken:**
   - When the supervisee brings to supervision an occasion of bullying and harassment, the facilitator will guide the supervisee to the relevant policy on SWSLHD website.
   - Offer referral to EAP for additional support
   - Offer referral to facility Human Resources service for guidance
   - Offer Anti-Bullying Advice Unit/Line (ABAL**)** (Phone 1300 416 088).
   - Refer to grievance resolution PD2010_007.

d. **The facilitator's boundaries**
   - The facilitator will use discretion and allow for debrief of feelings without using any names or identifying staff. This support can be provided to the supervisee until they have accessed one of the options identified above.
   - The supervisee may ask the facilitator to become a support person for them. The Facilitator has the right to accept or respectively refuse.
   - The facilitator may continue to provide RGCS support to the supervisee for other reflections on work practice.

Manager's Commitment

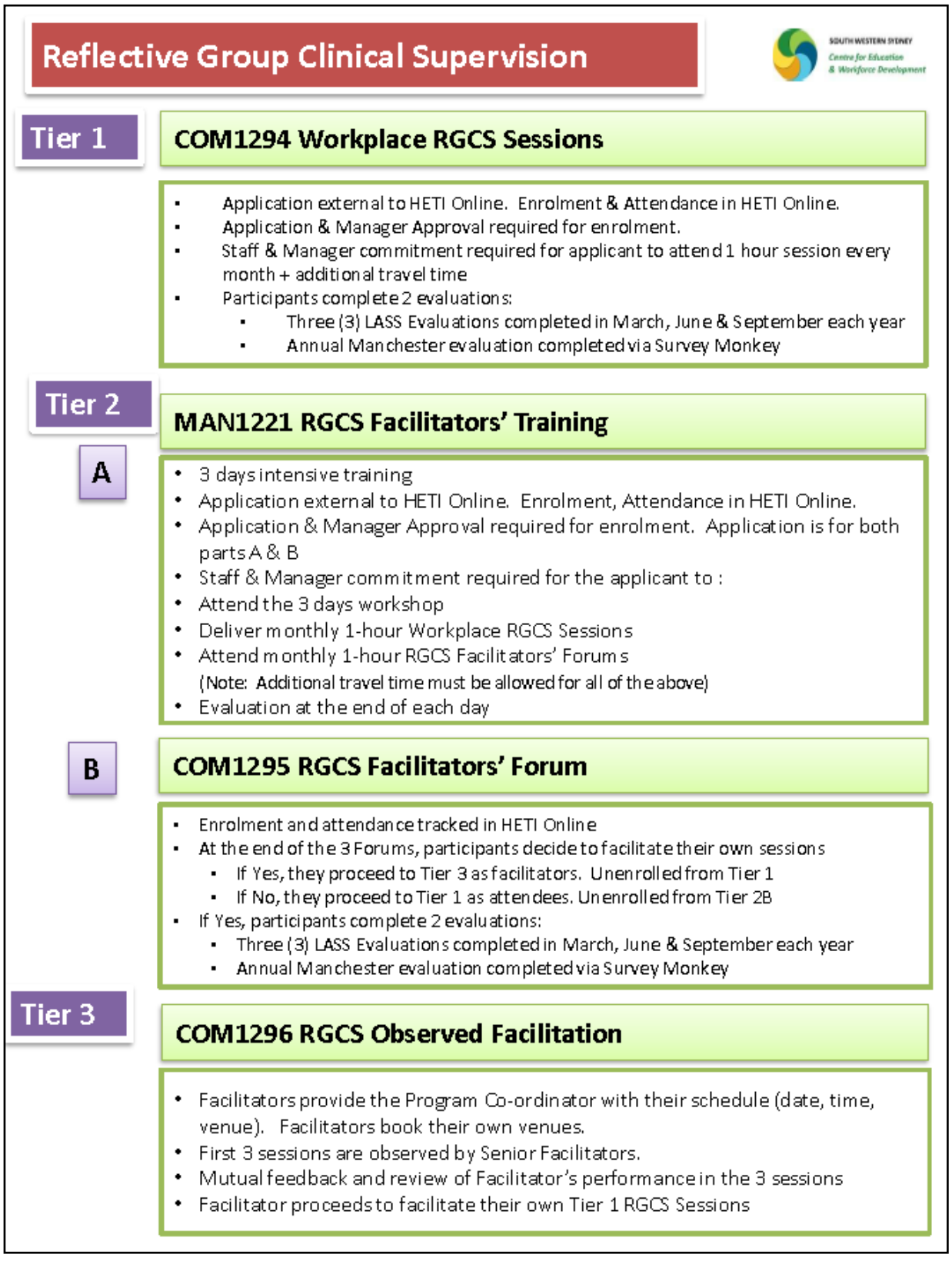
Reflective Group Clinical Supervision supports practice, enabling practitioners to maintain and promote standards of care and is an essential means of supporting and developing staff, *DoH, 1993:UKCC< 1995,1996.*

For RGCS to be successfully incorporated in the practice of nurses and midwives there needs to be a strong commitment from Managers to understand the role, allow the required time needed and encourage staff to attend.

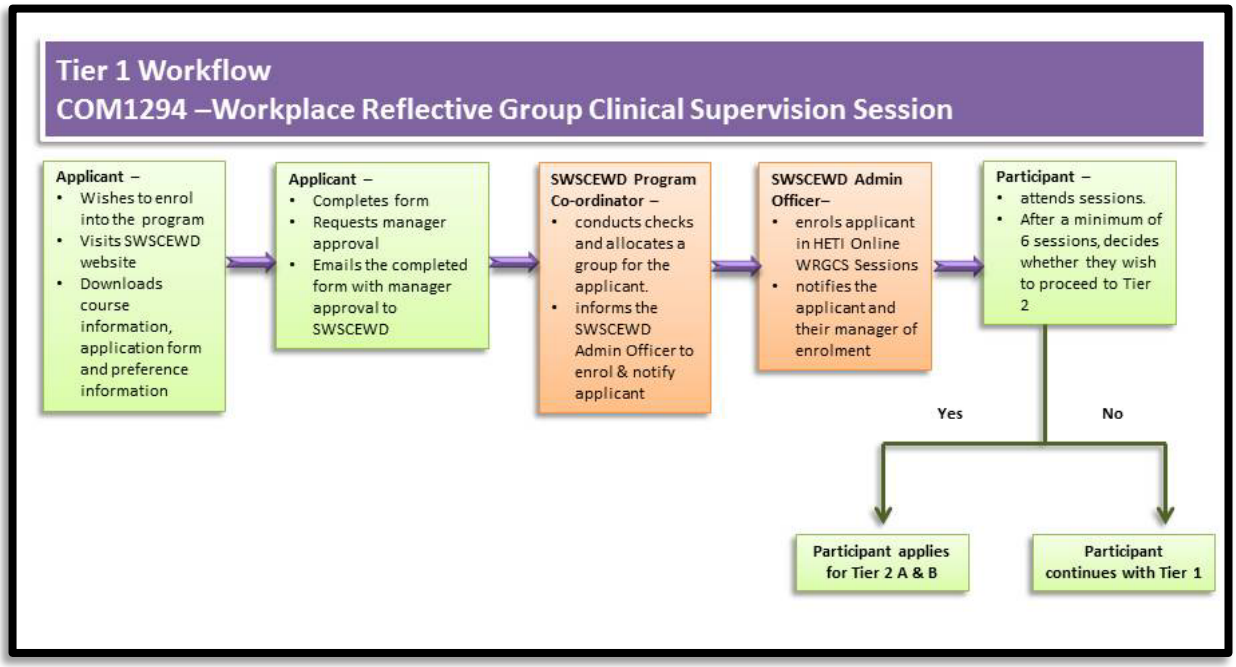
Supervisees' Commitment

Supervisees' should recognise the need for RGCS as part of their practice that enables them to enhance standards of care and promote reflection on the impact that caring has on them. To do this effectively Supervisees' should reflect on practice and come prepared for supervision. In committing to supporting others in the group, it is important that they present regularly at supervision and apply the learning they receive from the supervision in the workplace.

The Program in a Nutshell



Tier 1 Workflow



Tier 1: COM1294 –Workplace Reflective Group Clinical Supervision Session

Target Audience

This program is offered to all SWSLHD nursing and midwifery staff providing direct or indirect patient care and wishing to receive the Proctor Model of Reflective Group Clinical Supervision.

Description

The Workplace Reflective Group Clinical Supervision (WRGCS) session is used by supervisees to reflect on all the aspects of their clinical and ethically difficult caring situations, the emotional reactions that arise from providing patient care and challenges faced from ethical dilemmas. This is a forum where they share ideas, experiences and knowledge within the safety of the group. Through listening, empathic communication and concern, the group provides support, validates feelings and emotions, whilst ensuring the welfare of clients and the quality of the service they receive remains the primary focus. This session can take a maximum of ten (10) supervisees. It is held monthly at the same time and venue set by the facilitator. (this is how it should read)

Learning Outcomes

1. Reflect on all aspects that relate to patient care
2. Share ideas, experiences and knowledge within the safety of the group
3. Receive supportive help while working with constant stress and distress.

Session Style & Structure

1. The WRGCS sessions do not replace Performance Management meetings held between a manager and their staff.
2. Attendance in these WRGCS sessions is voluntary. Managers may discuss the advantages of the sessions with their staff members; however managers cannot force staff to enrol into the sessions.
3. All matters discussed in the sessions are treated as confidential by the facilitator and other supervisees, except in the instances discussed on pages 10 and 11 of this manual.
4. Interpretation or judgements of behaviour, gossip and/or direct interrogation of participants and/or their managers and colleagues is not permitted in the sessions.
5. All participants are encouraged to be open and honest while discussing their experiences and challenges with an intention to gaining optimum benefit from the reflective sessions.
6. Appendices, C, E, G, H and M may be utilised in this tier.

Process

1. Application, Approval & Enrolment:

1. The application and approval process is managed outside HETI Online; however enrolment and attendances will be tracked through HETI Online. Applicants are required to provide their top 3 preferences.
2. Staff wishing to attend these sessions must complete the application form (Appendix 1) and submit it electronically to SWSCEWD at CEWD.SWSLHD@sswahs.nsw.gov.au
3. Applicant and Manager Commitment is required for staff to attend all sessions.

4. If managers would like their staff to attend these sessions, they have to ensure their staff complete the application form and submit to SWSCEWD. **This must be a voluntary process**.
5. All participants must attend a minimum of 6 sessions before progressing to Tier 2 A & B.
6. Enrolment confirmation emails will be sent to the applicant with a copy to their manager by the SWSCEWD administration team.
7. Enrolment into a group is ongoing and will automatically be carried forward to the next calendar year.
8. After attending a minimum of 6 sessions, if the participant feels that they do not require the additional support, they can notify the session facilitator and their manager of their intention not to continue with the sessions.
9. The session facilitator will inform SWSCEWD of the decision. The SWSCEWD Administration Services will unenrol the participant from remaining sessions in HETI Online and send a confirmation email of unenrolment to the staff member with a copy to their manager.

2. Evaluation & Feedback:

1. Participants will be required to complete an evaluation three (3) times a year in March, June and September. The evaluation is an adapted version of the Leeds Alliance Supervision Scale (LASS).
2. Participants have to complete an online survey annually. This survey is based on the Manchester Scale. This evaluation must be completed in November each year.
3. Completion of the survey and evaluations is compulsory as the feedback enables facilitators and the program co-ordinator to ensure the sessions meet staff expectations.
4. The survey and evaluations are aimed at determining whether –
   a. the sessions have been effective and useful for participants; and
   b. the facilitators are able to provide a positive and supportive environment for participants and lead successful reflective workplace group clinical supervision sessions.

3. Completion & Exit:

1. Participants must attend a minimum of 6 sessions before they are eligible to proceed to Tier 2 A & B of the program.
2. It is not compulsory for all participants enrolled in Tier 1 to progress to the next level within the program. Participants can continue to attend Tier 1 sessions for as long as is required
3. Participants can opt out of the sessions if they no longer require additional support. They must inform the session facilitator and their manager of their decision to opt out of the sessions.
4. At the end of 12 sessions, participants must inform their intention to continue with the sessions to their session facilitator and line manager. This will ensure their enrolment in the sessions continues in HETI Online.

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