SOUTH WESTERN SYDNEY
Centre for Education & Workforce Development

Health
South Western Sydney Local Health District

REFLECTIVE GROUP CLINICAL SUPERVISION

Facilitators' Commitments

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
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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.

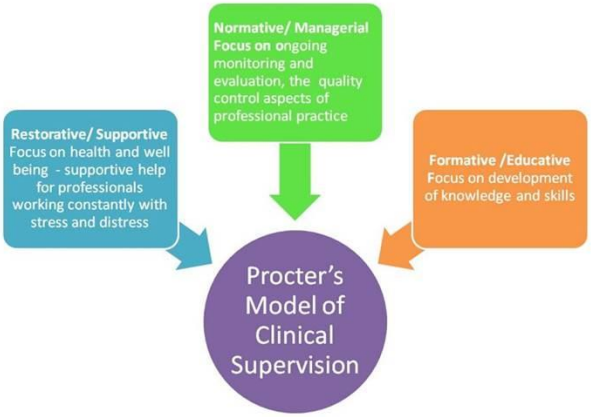
'The therapeutic relationship, is the focus of nursing care and is thus the focus of supervision' (Berggren, Barossa, and Severinsson 2005). They further state that 'Clinical nursing supervision enables the person receiving supervision (supervisee) to reflect on ethically difficult caring situations'.

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)

RGCS in South Western Sydney Local Health District (SWSLHD):

Aim

The Proctor Model of Reflective Group Clinical Supervision aims to provide a safe and regular forum for supervisees to undertake facilitated reflection on the experiences that arise from their daily work. The supervisees are encouraged to develop considerable self-awareness and awareness about the processes of relating with other people. It provides an opportunity for restoration and learning both from one's own experience and the experience of others in the group. (Carroll, 2012 adapted from Bond & Holland, 1998).

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.

Advantages

An effective RGCS session gives the facilitators and supervisees a range of benefits. Some of these advantages are listed below:

- Have a supportive therapeutic and caring environment free from intimidation, and or interrogation to discuss challenges and feelings from having to provide ongoing patient care.
- Have ongoing time for facilitated, in-depth reflection on professional practice, share ideas, experiences and knowledge within the safety of the group.
- Reflect on the emotional reactions that arise from providing patient care and challenges faced from ethical dilemmas.
- Singularly focuses on ensuring supervisees are able to provide optimum patient care at all times while caring and protecting all involved.
- Enhancing and developing strong communication skills through listening, empathy and concern for all individuals during the process.

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.

Facilitators' Commitment:

Facilitators commit to:

- Attend training and facilitating groups. It is essential that facilitators attend their own Clinical Supervision. Attend the yearly half day currency workshops to maintain a high standard of facilitation.
- Commit to the group by arriving on time, setting up the room, and preparing themselves mentally to give their full attention to the group.
- Opening the group, welcoming individual members, setting guidelines for time allocation, facilitating the work of the group and closing the group satisfactorily.
- Build group trust by developing a sense of trust and fairness amongst the members.
- Set the emotional milieu, confidentiality and demonstrate firm gentle control so that group members feel safe.
- Demonstrate the skills of communication, listening, empathy, and concern for the individual during the process. Giving attention and allowing the whole story to be told. Refrain from attempting to provide a solution or advice. Maintain focus on group process.
- Show confidence in conducting the clinical supervision group and keeping the group focused on the issues at hand.
- Identify issues that may relate directly to staff management, education or requiring counselling. Refer the supervisee to their direct line manager, SWSLHD policies and guidelines, the education service or EAP for additional support.
- Encourage and motivate supervisees to reflect on their relationship with their clients. This reflection focuses on identifying the supervisee's and the client's actions, responses and feelings involved in a given situation.
- To maintain an environment which is conducive to reflection and insight and which does not allow any form of emotional abuse.
- Notify SWSCEWD in a timely manner of intention to discontinue providing reflective group clinical supervision.

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.

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.

Program Structure

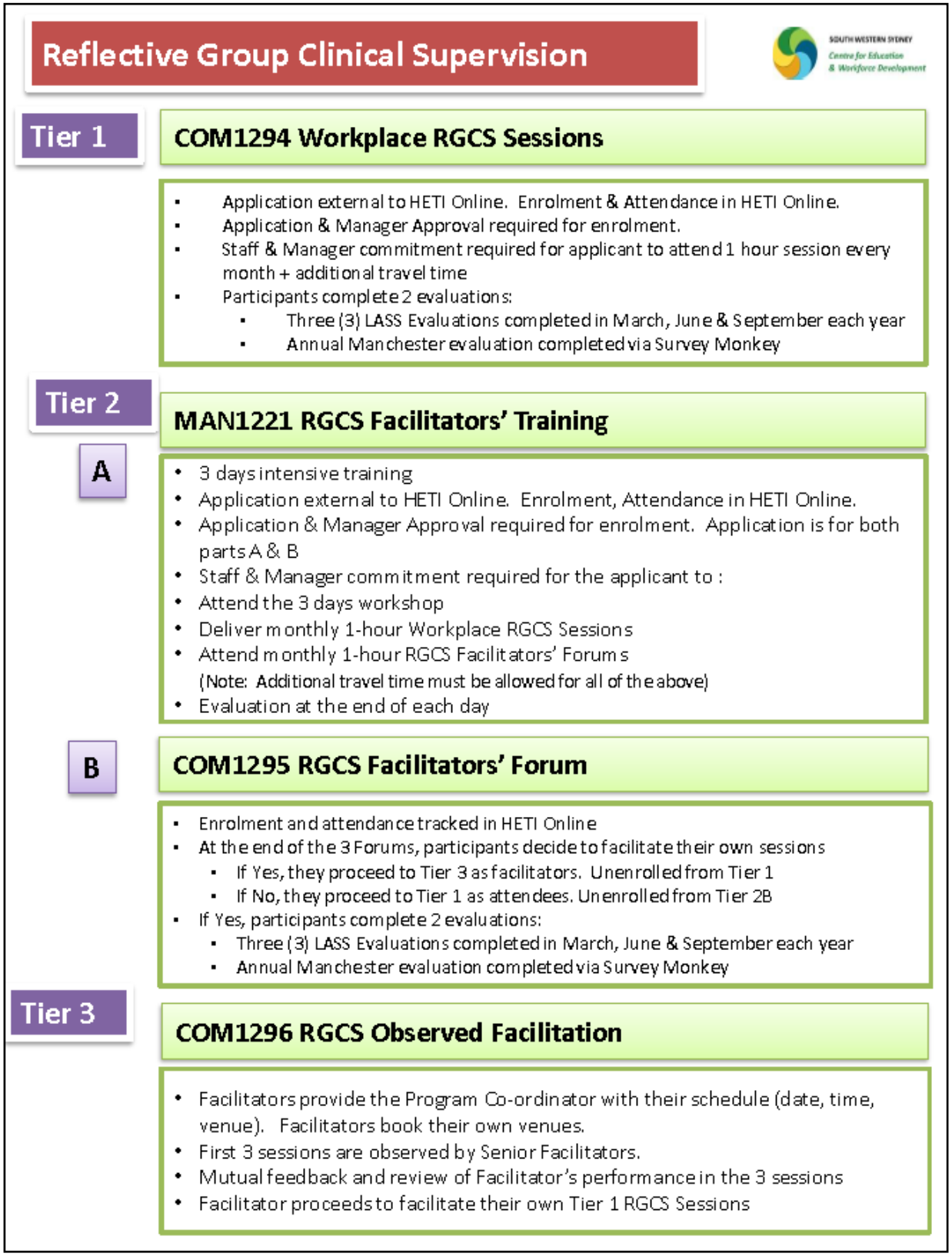
The Reflective Group Clinical Supervision Program consists of three (3) Tiers. Tier 1 is a pre-requisite for Tiers 2 A & B and Tiers 2 A & B are a pre-requisite for Tier 3. Staff must complete each tier in the specified order to be deemed competent in the Reflective Group Clinical Supervision Program, as a qualified facilitator.

Recognition

Staff who may have completed some or all of the Tiers prior to the program being recorded and tracked through HETI Online, may receive recognition for the relevant Tiers. Staff can contact the program co-ordinator by email at CEWD.SWSLHD@sswahs.nsw.gov.au with detailed information about their involvement in this program to receive recognition. Supporting evidence must be provided to substantiate the request for recognition. This may be in the form of certificates, statutory declaration or a letter of confirmation of attendance from the session facilitator.

The program co-ordinator will work with the staff member to conduct appropriate checks prior to granting recognition of completion of the tier/s within this program. If recognition is granted, the staff member's HETI Online profile will be updated for relevant tier/s enabling the staff member to progress to the next stage within the program.

The Program in a Nutshell



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