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# REFLECTIVE GROUP CLINICAL SUPERVISION STRATEGIC MANUAL

South Western Sydney Centre for Education & Workforce Development



**2017 Edition**



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Guidelines for SWSLHD staff engaged in Reflective Group Clinical Supervision Program

June 2022





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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<sup>1,2</sup> 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 empathic 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.

Group Reflective 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 or case review
- 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<sup>4</sup>.

## 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.

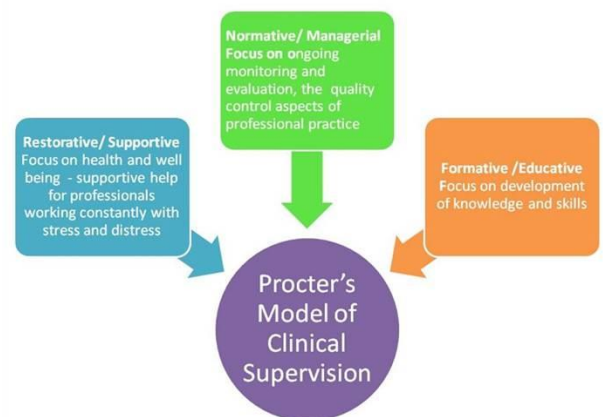
## Reflective Group Clinical Supervision: An Introduction

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)



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## 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.

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## 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 Staff Wellbeing 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.

## 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.
- Groups are mixed across areas and not comprised of teams that work together.

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

## 1. Dangerous clinical practice

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

- 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).
- 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.
- 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 Staff Wellbeing 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 Of Workplace Bullying PD2020\_040).

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 Of Workplace Bullying in NSW Health  
PD2020\_040  
Resolving workplace Grievance PD2016\_046

- 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 Staff Wellbeing 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 Resolve Workplace Grievance PD2016\_046.

- 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 respectfully refuse.
- The facilitator may continue to provide RGCS support to the supervisee for other reflections on work practice.

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## 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 My Health Learning (MHL), may receive recognition for the relevant Tiers. Staff can contact the program co-ordinator by email at [CEWD.SWSLHD@sswahs.nsw.gov.au](mailto: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 MHL Online profile will be updated for relevant tier/s enabling the staff member to progress to the next stage within the program.

## Program Information

Please visit SWSCEWD website at <http://www.swslhd.nsw.gov.au/cewd/people.html> for detailed program information and application forms.

While the application process is managed through an electronic form application & submission, enrolment and attendances will be tracked in MHL



## The Program in a Nutshell

### Reflective Group Clinical Supervision



#### Tier 1

#### COM1294 Workplace RGCS Sessions

- Enrolment through CEWD website . Click on course coordinator email and request.
- Application form will be sent. Manager Approval required for enrolment.
- Staff & Manager commitment required for applicant to attend a 1 hour session monthly plus travel time.
- Participants attend supervision and complete evaluations as requested
  - Three (3) LASS Evaluations completed in March, June & September each year
  - Annual Manchester evaluation completed via Survey Monkey

#### Tier 2

#### MAN1221 RGCS Facilitators' Training

##### A

- This is a 3 days intensive training
- Enrolment through MHL Man1221 . Course coordinator will email application form. Application & Manager Approval required for enrolment. Application is for both parts A & B. Please return to coordinator.
- Coordinator approves acceptance into course.
- Attend the 3 days workshop

##### B

#### COM1295 RGCS Facilitators' Forum

- Enrolment and attendance tracked in MHL
- Attend monthly 1-hour RGCS Facilitators' Forums
- participants are asked to facilitate their own sessions
  - If Yes, they proceed to Tier 3 as facilitators. Unenrolled from Tier 1
  - If No, they proceed to Tier 1 as attendees. Unenrolled from Tier 2B

#### Tier 3

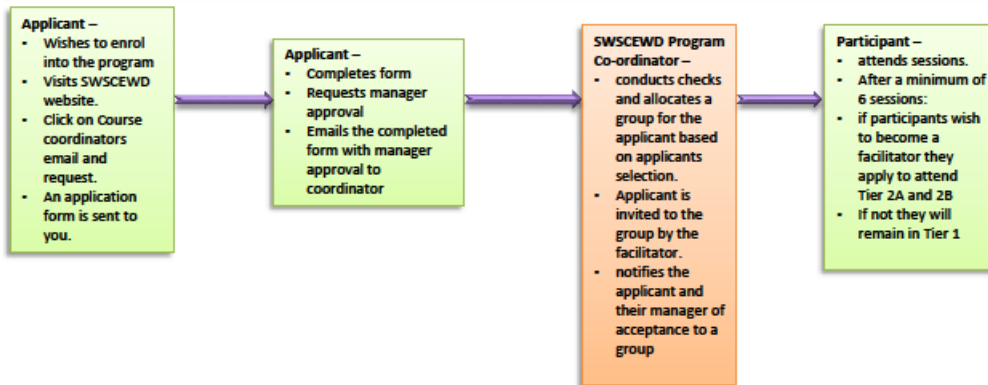
#### COM1296 RGCS Observed Facilitation

- Facilitators provide the Program Co-ordinator with their schedule (date, time, venue). Facilitators book their own venues.
- First 3 sessions are observed by Senior Facilitators.
- Mutual feedback and review of Facilitator's performance in the 3 sessions
- Facilitator proceeds to facilitate their own Tier 1 RGCS Sessions

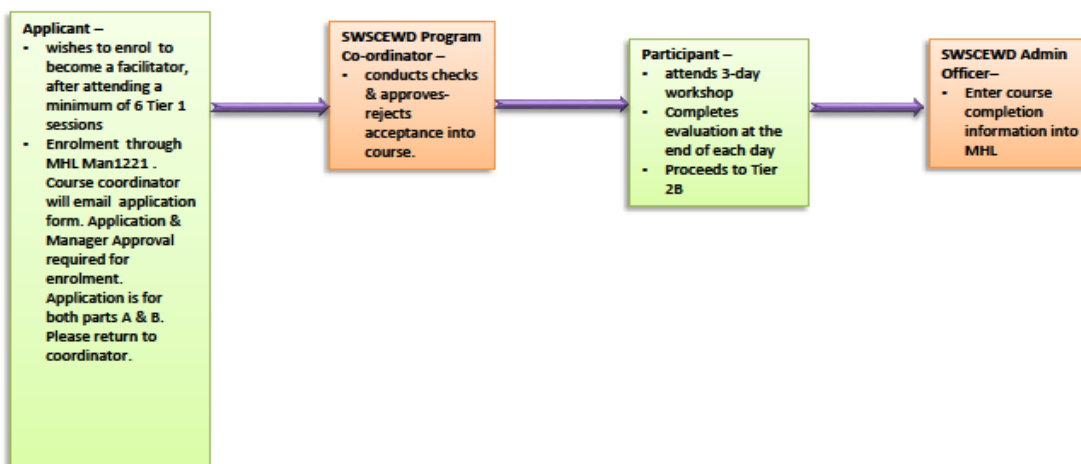


## The Program Workflow

### Tier 1 Workflow COM1294 – Workplace Reflective Group Clinical Supervision Session



### Tier 2A Workflow MAN1221 – Reflective Group Clinical Supervision Facilitators' Training







## Tier 2B Workflow COM1295 – Reflective Group Clinical Supervision Facilitators’ Forum

### New Facilitator –

- Attends the 3 days workshop as part of Tier 2A
- Is already enrolled in the Tier 2B Forums based on the preferences submitted at the time of Tier 2 application



### New Facilitator –

- Attends the 3 Facilitators’ Forums
- Decides whether they would like to facilitate their own Tier 1 sessions.

Yes

No

### New Facilitator –

- Progresses to Tier 3
- Unenrolled from Tier 1 sessions
- Retains enrolment in Tier 2B Forums

### New Facilitator –

- is unenrolled from Tier 2B Facilitators’ Forums
- continues to attend Tier 1 sessions as a participant

## Tier 3 Workflow COM1296 – Reflective Group Clinical Supervision Observed Facilitation

### New Facilitator –

- provides the program coordinator with their Tier 1 schedule (date, time, venue, frequency)
- Books the venues for their own sessions



### SWSCEWD Program Coordinator –

- Requests the SWSCEWD Admin Officer to set up the sessions in HETI Online & add the new facilitator as the instructor for the sessions
- Updates the sessions information on Tier 1 application form
- Organises a group for the new facilitator to facilitate



### New Facilitator –

- Facilitates the first 3 sessions under observation from a Senior Facilitator
- Receives constructive feedback from the Observer
- Decides whether to run the Tier 1 sessions independently
- Observation Reports sent to SWSCEWD for record keeping.

Yes

No

### New Facilitator –

- Continues to facilitate their own group independently
- Attends Tier 2B Forums

### New Facilitator –

- Is removed as instructor for the group
- is unenrolled from Tier 2B Facilitators’ Forums
- Has to apply to attend Tier 1 sessions as a participant



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## Tier 1: COM1294 –Workplace Reflective Group Clinical Supervision (WRGCS) 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. Participants are asked to rate their issues out of 10. 0 being “not urgent to discuss and 10 being most urgent. Should two people rate equally, the participants decide who goes first. It is not expected that all participants will have an opportunity to share at each session. It is important that all participants attend to support members of the group.

### 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 MHL Online; however enrolment and attendances will be tracked through MHL. 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](mailto: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 2A & 2B.
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 MHL 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 2A & 2B 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 MHL

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## Tier 2A: MAN1221 – Reflective Group Clinical Supervision Facilitator’s Training

### Target Audience

Nursing and midwifery staff interested in becoming Reflective Group Clinical Supervision Facilitators who can run their own sessions based on the Proctor Model.

### Description

The 3 day workshop is made of up theory and group practice sessions that will enable participants to understand Proctors Three Functional Model of Supervision and apply the skills and attitudes essential to facilitating effective RGCS.

### Learning Outcomes

By participating in this program, the participant will be able to:

1. Explore the Proctor Model for Group Supervision.
2. Discuss the tasks of the Proctor Model.
3. Explore the dynamics and stages of group supervision and adapt supervision interventions.
4. Identify, articulate and devise strategies to deal with critical moments in a supervision group.
5. Set up and maintain a group supervision arrangement.
6. Demonstrate facilitation skills applicable to group supervision

### Session Style & Structure

The sessions are interactive and comprised of group work, skills labs, DVD’s and role plays. Every participant will have the opportunity to role play as a Facilitator, a Supervisee an Observer and provide feedback. Appendices A to M are utilised during course delivery.

### Process

#### 1. Application, Approval & Enrolment:

1. There are two important criteria for enrolment into Tier 2A of the program. They are:
  1. Applicants must have attended a minimum of six (6) Tier 1 sessions; and
  2. Applicants must have the intention to lead and facilitate their own Tier 1 Reflective Workplace Group Clinical Supervision sessions.
2. The application and approval process is managed outside MHL Online; however enrolment and attendances will be tracked through MHL
3. Staff wishing to attend the 3-day intensive training workshop must complete the application form (Appendix 2) and submit it electronically to SWSEWD at [CEWD.SWSLHD@sswahs.nsw.gov.au](mailto:CEWD.SWSLHD@sswahs.nsw.gov.au)
4. The application form includes application for both parts A and B of Tier 2.



5. Applicant and Manager Commitment is required for staff to attend the 3-days workshop as well the facilitators' forums.
6. Applicants are required to provide 2 preferences for both parts A and B. Detailed information is provided on page 2 of the application form (Appendix 2).
7. Enrolment will be confirmed based on seat availability and other validation checks the program co-ordinator conducts on regular basis. Once the applicant is enrolled into the 3-day workshop and the forums, their enrolment is recorded in MHL
8. Enrolment confirmation emails will be sent to the applicant with a copy to their manager through MHL Online an email from the SWSCEWD Administration Services.

## **2. Evaluation & Feedback:**

1. Participants will be required to complete an evaluation questionnaire at the end of each day.
2. Completion of this questionnaire is compulsory as the feedback enables the program co-ordinator to ensure the sessions meet staff expectations.
3. This survey is aimed at determining whether the workshop met the specified learning outcomes and participants are able to progress to Tier 2B of the program.

## **3. Completion & Exit:**

At the end of day 3, all participants will progress to part 2B of this tier to attend the first three (3) facilitators' forums.

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## Tier 2B: COM1295 – Reflective Group Clinical Supervision Facilitators’ Forum

### Target Audience

Participants attending this forum includes facilitators who are running their own Tier 1 sessions for some time as well as new facilitators who have just finished attending Tier 2A 3-days facilitator’s workshop.

### Description

This forum comprises a **senior facilitator** and a maximum of ten (10) Supervisees. It is held monthly at the same time and venue set by the facilitator. Supervisors who have completed the 3 day Proctor Model training will be placed into these groups where they will experience facilitation and bring their own issues for reflection to this group.

### Learning Outcomes

1. Receive Reflective Group Clinical Supervision under a senior supervisor to consolidate theory and learn through role modelling.

### Session Style & Structure

The group is seated in a circle with the facilitator as part of the group. The supervisees are welcomed and the ground rules re-iterated. Each member is given an opportunity to rate the issues they have reflected on. The group decides who begins (usually it is the highest score). Appendices C, E, G, H, and I may be utilised in this tier.

### Process

#### 1. Application, Approval & Enrolment:

1. Application, enrolment and confirmation is conducted at the beginning of 2A.
2. After attending the 3 days’ workshop at Tier 2A, participants attend their first 3 Facilitators’ Forums.

#### 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 is 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.



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## 2. Completion & Exit:

1. For new facilitators, at the end of the first 3 facilitators' forums, they must decide whether they intend to facilitate their own Tier 1 sessions.
2. If the new facilitators decide they do not wish to facilitate their own Tier 1 sessions, they are unenrolled from Tier 2B forums. They continue to attend Tier 1 sessions to receive support as participants.
3. The new facilitator will progress to Tier 3 if they decide they want to facilitate their own Tier 1 sessions.
4. If the new facilitator is progressing to Tier 3 they will be unenrolled from Tier 1 sessions. They continue to attend Tier 2B facilitators' forums.

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### Tier 3: COM1296 – Reflective Group Clinical Supervision Observed Facilitation

#### Target Audience

New facilitators who have completed Tiers 2 A & B and are facilitating their first 3 observed Tier 1 sessions.

#### Description

An **experienced facilitator** sits in with a new facilitator who is taking a group for the first time, and or wishes to receive feedback after not running a group for some time. The Observer is not part of the group and seats her/himself out of the group circle but in a place where all members of the group can be seen and heard. A check list is used which is modelled on the observer checklist used in the 3 day workshop. There is no interaction or interjection from the observer. The observer completes the checklist in silence and presents the information after the group has left. The checklist is signed by both members. A copy provided to the junior facilitator and a copy emailed to the program coordinator.

#### Learning Outcomes:

1. Facilitate 3 observation sessions whilst being observed by a senior facilitator
2. Receive constructive formal feedback on their facilitation skills
3. Receive support and clarify issues of concern

#### Style and Structure

There is no interaction or interjection from the observer. The observer completes the checklist in silence and presents the information after the group has left. Appendices B, C, E, G, H and I may be utilised in this tier.

#### Process

##### 1. Application, Approval & Enrolment:

1. If the new facilitators wish to facilitate their own Tier 1 sessions, they are required to provide the program coordinator with details of their session frequency (date, time & venue). The new facilitators have to ensure they book their own venues.
2. Once this information is confirmed and conveyed to the program coordinator, the program coordinator will update the Tier 1 sessions' information sheet for new applicants to apply and request the SWSCWD administration officer to create these sessions as classes in MHL Online and add the new facilitator as the instructor for these classes.
3. The program coordinator will conduct validation checks and form a group of up to 10 participants for the new facilitator.
4. The new facilitator facilitates the first 3 sessions under observation from a senior facilitator.

##### 2. The Observation Process

1. The new facilitator runs their first 3 Tier 1 sessions.
2. A senior facilitator attends these sessions as an Observer.
3. The Observer provides constructive feedback to the new facilitator.

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4. The new facilitator and the observer mutually agree whether the new facilitator is able to run their Tier 1 sessions independently. Feedback from participants attending the three sessions may be considered at the time of decision making.

### **3. Evaluation & Feedback**

1. Participants will be required to complete an evaluation three (3) times a year. The evaluation is an adapted version of the Leeds Alliance Supervision Scale (LASS). These evaluations to be held in March June and September each year.
2. Participants have to complete an online survey annually. This survey is based on the Manchester Scale. This evaluation is 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.

### **4. Completion & Exit:**

1. The new facilitator continues to facilitate their Tier 1 sessions independently and attends Tier 2B Forums.
2. At the end of the first 3 observed sessions, if the new facilitator decides that they do not wish to facilitate their own Tier 1 sessions, they are removed as the instructor of the group in MHL. They will also be unenrolled from Tier 2B Forums.
3. The group may be allocated to another facilitator who is willing to take on an additional group or is a new facilitator who has just completed Tiers 2 A & B.
4. The facilitator who has decided not to facilitate their own Tier 1 sessions is welcome to attend Tier 1 sessions as a participant. They will have to apply again to attend Tier 1 sessions as a participant and go through the application, approval and enrolment process identified in Tier 1 of this document.





## What happens after Tier 3?

Facilitators can pursue two options after successfully facilitating Tier 1 sessions for some time. These options are:

1. After independently facilitating a minimum of twelve (12) Tier 1 sessions the facilitator can contact the Program Coordinator to become Observers for the first 3 sessions run by new facilitators.
2. After independently facilitating Tier 1 sessions for a minimum of three (3) years, the facilitators can contact the Program Coordinator expressing their interest to facilitate Tier 2B forums as senior facilitators.

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