



Canberra Health Services

Procedure

Nursing Professional Supervision - Mental Health, Justice Health and Alcohol and Drug Services

Contents

Contents.....	1
Purpose	3
Scope.....	3
Section 1 – Defining Nursing Professional Supervision	4
Section 2 – Nursing Professional Supervision Models.....	4
Section 3 – Conducting Nursing Professional Supervision	6
Section 4 – Roles & Responsibilities	7
Section 5 – Nursing Professional Supervision Requirements	9
Section 6 – External Participant/Supervisor/Facilitator/Mentor	10
Section 7 – Managers.....	11
Section 8 – Record Keeping	11
Implementation	11
Related Policies, Procedures, Guidelines and Legislation	12
References	13
Definition of Terms	15
Search Terms.....	15
Attachments.....	15
Attachment 1 - Nursing Professional Supervision Models	17
Attachment 2 - Nursing Professional Supervision Community of Practice Reflective Journal	18
Attachment 3 - Nursing Professional Supervision Individual Agreement	19
Attachment 4 - Nursing Professional Supervision Group Agreement.....	21
Attachment 5 - Nursing Professional Supervision Mentor Agreement.....	23
Attachment 6 - Nursing Professional Supervision Peer Group Agreement.....	25
Attachment 7 - Nursing Community of Practice Charter.....	27
Attachment 8 - Nursing Professional Supervision Record of Individual Sessions Held.....	30
Attachment 9 - Nursing Professional Supervision Record of Group Sessions Held.....	31

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	1 of 42



Attachment 10 - Nursing Professional Supervision Mentor Sessions Held32
Attachment 11 - Nursing Professional Supervision Record of Peer Group Sessions Held ..33
Attachment 12 - Nursing Professional Supervision Record of Community of Practice
Sessions Held34
Attachment 13 - Nursing Professional Supervision Formal Evaluation of Agreement.....35
Attachment 14 - Nursing Professional Supervision Ground Rules38
Attachment 15 - Nursing Professional Supervision Termination of Agreement40
Attachment 16 - External Nursing Professional Supervision Application.....41

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	2 of 42



Purpose

The *Canberra Health Services Clinical Supervision Policy* states that an appropriate model of clinical supervision will be applied by each discipline to their profession. Participation in Nursing Professional Supervision (NPS) is viewed as a professional obligation for all nursing staff working across the Division of Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS). This professional obligation is met through active participation by nursing staff in the range of NPS opportunities available. Participation includes more experienced nursing staff providing NPS to less experienced nursing staff. Participation and delivery of NPS is to be incorporated as part of nurses learning and development plans.

The purpose of this procedure is to set out the framework for NPS, including a description of the range of opportunities for nurse participation. This is intended to promote and support the development of specialised nursing practice consistent with the nursing standards governing the MHJHADS Division. The procedure supports the Canberra Health Services (CHS) Vision of 'Creating Exceptional Health Care Together', through a commitment to the development of nursing practice and the realisation of the benefits of NPS.

[Back to Table of Contents](#)

Scope

This procedure applies to nursing staff employed by the MHJHADS Division in the following classifications:

- Nurse Managers
- Nurse Practitioners
- Nurse Educators
- Clinical Development Nurses
- Registered Nurses
- Enrolled Nurses.

This procedure **does not apply** to nursing staff who are employed within the MHJHADS division and who fall under the following categories:

- All nursing staff who are required to undertake a Nursing and Midwifery Board of Australia approved re-entry to practice program. This requires a period of direct or indirect line supervision.
- All nursing staff who are being performance managed through the Canberra Health Service performance management process.

[Back to Table of Contents](#)

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	3 of 42



Section 1 – Defining Nursing Professional Supervision

- NPS describes a number of formally structured professional practice development opportunities that can be implemented at the individual, group or team level.¹
- NPS takes the form of regular interactive sessions between the session supervisor and participants to engage in a process of constructive reflection on nursing practice.²
- The issues for constructive reflection may be determined by individual participants or determined as part of the nursing professional supervision model being used (see Attachment 1).³
- NPS is provided through a confidential relationship within the professional, ethical and legal boundaries for nursing practice.⁴
- NPS facilitates professional growth and development through an increased awareness and understanding of the knowledge, skills and competence required to undertake nursing work and the need for the adoption of changes to nursing practice.⁵
- NPS supports constructive dialogue concerning professional practice expectations, arising from nursing and related standards and legal frameworks and development of a healthy workplace culture that supports the attraction, retention and growth of staff.⁶

Nursing Professional Supervision is not:⁷

- a line management hierarchical tool
- a formal performance review
- a form of preceptorship
- counselling
- criticism of the individual as an employee or as a person
- a form of therapy
- a form of training.

Nursing Professional Supervision:⁷

- can be delivered using a variety of methods
- has a focus on developing nursing practice
- is structured based on a process for constructive reflection
- is adaptive and flexible to the dynamic needs of clinical environments.

[Back to Table of Contents](#)

Section 2 – Nursing Professional Supervision Models

Clinical Preceptorship⁸

- Clinical preceptorship occurs through the professional relationship that is developed between an experienced practitioner who introduces and works directly with a new staff member or student to a work area. The preceptor provides guidance and support to assist that person’s transition into their new role. Preceptorship has a focus on clinical learning situations that occur in the workplace. It includes providing clinical

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	4 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



teaching, feedback and debriefing opportunities, the development of clinical competence, the promotion of safety and the reduction of the stress associated with an adjustment to new workplaces and new ways of working.

Individual Supervision⁹

- Individual supervision occurs when the supervisee or participant meets regularly with an experienced supervisor who acts as the facilitator for the session. This occurs at an agreed time and employs a process for constructive critical reflection using semi structured discussions. The focus of these sessions is to discuss clinically relevant practice issues and challenges. Individual supervision assists the participant to grow and develop in their practice through an increased range of clinical practice options.

Group Supervision¹⁰

- Group supervision occurs when a group of participants meet regularly at an appointed time with one or more experienced staff who act as the group's supervisor/facilitator. Group supervision is an extension of individual supervision and has the same purpose and reflective practice structure. It uses group dynamic processes to achieve constructive reflective practice outcomes and increase awareness to expand clinical nursing practice options. This model of supervision is commonly used in inpatient settings using an open or closed group approach.

Peer Group Supervision¹¹

- Peer group supervision uses a shared, facilitated process for critical reflection. It occurs where two or more nursing staff who are trained and experienced in reflective supervision practices meet regularly at an appointed time with common agreed objectives. The role of supervisor and participant is shared amongst the participants. This model of supervision can be structured for use with teams who share a clearly defined clinical practice model. This form of supervision is suitable for senior nursing staff who practice at the advanced RN3 level or above. This model allows for a closed group approach, using the shared facilitated process for critical reflection.

Community of Practice¹²

- A Community of Practice (CoP) is based on a situated learning model that employs collaboration amongst peers. In a CoP individuals work to a common purpose, defined by knowledge rather than task (Wenger, 1998). CoPs are professional learning and development forums that foster and encourage innovation through applying best available evidence. This aims to improve the quality and standard of nursing practice. CoPs utilise a process of facilitated group problem solving through collaborative inquiry, in order to identify common issues and promote the exchange of knowledge. This approach helps develop clinical skills to improve nursing practice and support the promotion of person-centred recovery. Additionally, the CoP model provides a social network for nurses who share unique common interests to learn as a group. This allows both new and experienced staff to work together and offers an alternative to traditional individual learning.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MJHADS	5 of 42



Nursing Team Development¹³

- Nursing team development is facilitated internally or brokered in externally. It is characterised by the need to revise nursing team effort, or to strategically reposition the role of nursing and the nursing team, to develop and mature clinical systems. There is an emphasis on building and sustaining effective nursing teamwork and alignment with organisational objectives.

Mentoring¹⁴

- A mentor is a person with extensive experience and a particular specialised background who can offer knowledge, perspective, insight, or wisdom to enable the capability and capacity of a less experienced person, or mentee. The mentee is a person who actively seeks out the assistance of a mentor or is entering into mentoring arrangements as part of their agreed learning and development plan. Sessions are held regularly at an appointed time. Keeping a journal of mentoring sessions is beneficial to focus on goals and outcomes achieved. This method is suitable for nurses who are managers and senior clinical nurses where the usual reflective practice approach is replaced with a guidance and coaching model, using a senior nurse manager in the role of mentor.

Succession Planning¹⁵

- Succession planning, sometimes referred to as talent management, occurs when participants are afforded the opportunity to grow and develop professionally. This is achieved through managed exposure to opportunities that actively assist in career counselling, career planning, career development and support. Succession planning and talent management assists individuals and the organisation to achieve best fit in matching career aspirations with the organisations potential to grow its capacity and capability to meet its core purpose.

[Back to Table of Contents](#)

Section 3 – Conducting Nursing Professional Supervision

While the terms ‘supervisee’ and ‘supervisor’ are commonly used when referring to clinical supervision it is important to note that NPS also includes other equally beneficial opportunities to develop and constructively reflect on ways of improving nursing practice. All the NPS opportunities mentioned above rely on the development of a trusting alliance between those seeking guidance, support and development of their practice and those who facilitate and enable the sharing and translation of knowledge, skills and competence in their various roles as supervisors, facilitators, mentors or team development senior managers.

Effective NPS sessions have the following in common: ¹⁶

- conducted regularly at an appointed time, during work hours
- respected and supported by managers in the form of a commitment to release staff to attend sessions

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	6 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



- have effective communication and constructive feedback at its core, that supports and focuses on professional development opportunities
- provide an opportunity to constructively discuss the realities, challenges and rewards of practice
- supports participants to choose within available resources individual facilitators where individual NPS is in place
- where group models are used the process is to enable participants to share and constructively reflect on experiences with colleagues
- facilitation of self-reflection and awareness of the need for practice that is aligned with nursing standards of practice
- focused on evidence based, person centred care and opportunities for practice improvement
- provides consistent structures with clear boundaries, processes and goals
- develops knowledge and confidence for a person centred care focus aimed at building awareness for the knowledge and skills required to be applied to clinical practice
- are conducted based on trauma informed principles and culturally sensitive, safe and respectful relationships
- conducted within the ethical and legal boundaries of nursing and midwifery practice
- provided by health professionals who have undertaken training in clinical supervision and who are engaged in their own supervision
- is not provided by a health professional who has direct line management responsibility to direct, coordinate or evaluate the performance of the participant(s)
- is not conducted in the case of a nurse who has conditions placed on their practice by the Nursing and Midwifery Board of Australia
- all discussion held in NPS sessions are treated as private and confidential and will not be divulged outside the session unless expressly agreed to under the terms of the NPS agreement by all parties who sign the NPS agreement. Exceptions to this are where unsafe, unethical or illegal clinical practice/s have been revealed. In such a case the MHJHADS Director of Nursing will review concerns raised.
- NPS Agreements are subject to review during the period specified in the NPS agreement
- NPS Agreements specify the extent to which confidentiality applies.

[Back to Table of Contents](#)

Section 4 – Roles & Responsibilities

Participants in NPS:

1. undertake training in reflective clinical supervision
2. accept that participation and delivery of NPS is a professional obligation.
3. engage in the process to develop agreed identified supervision goals to be incorporated in the supervision contract.
4. utilise methods to support reflective practice, for example the Nursing Professional Supervision CoP Reflective Journal (Attachment 2)

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	7 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



5. take responsibility for attending NPS sessions for the length of the time determined in the NPS agreement
6. are responsible for bringing relevant clinical issues and experiences to NPS sessions
7. understand that NPS is not counselling or therapy
8. share joint responsibility for the effectiveness of each supervision session by maintaining a professional culture consistent with the fidelity criteria adopted for the NPS method used
9. recognise in the event of serious legal, ethical, safety or unprofessional issues being identified during sessions held that appropriate action and reporting must occur through consultation with the Director of Nursing MHJHADS
10. raise unresolved professional issues related to supervision sessions with the MHJHADS Director of Nursing
11. provide sufficient notice as agreed in the various NPS Agreements (Attachments 3, 4, 5, 6, 7). In the event that a supervision session is cancelled by either the participant, supervisor/facilitator/mentor or the participants of a peer group, a record of cancellations is to be kept by the session supervisor/facilitator/mentor and peer group members on the appropriate NPS Record of Sessions Held Forms (Attachments 8, 9, 10, 11, 12).
12. participate with the supervisor/facilitator/mentor/peer group to complete a NPS Formal Evaluation of Agreement form (Attachment 13).

NPS Supervisors/Facilitators/Preceptors/Mentors:

1. require relevant clinical work experience within the relevant field of practice of at least two years
2. have undertaken suitable NPS training
3. are independent from a position of immediate line management of participants
4. utilise methods to support reflective practice, for example the MHJHADS Nursing Professional Supervision CoP Reflective Journal (Attachment 2)
5. demonstrate a positive professional attitude and the knowledge and skills required in relation to their own practice and current or previous roles
6. participate in their own NPS
7. share joint responsibility with participants for establishing and recording clear agreed goals and for regularly reviewing the effectiveness of each session against those goals
8. share joint responsibility for the effectiveness of each session held by maintaining the professional culture and integrity required for the NPS method used
9. in the event of serious legal, ethical, safety or unprofessional issues being identified during sessions held, appropriate action and reporting must occur through consultation with the Director of Nursing MHJHADS
10. raise unresolved professional issues related to supervision sessions with the MHJHADS Director of Nursing
11. provide sufficient notice as agreed in the various NPS Agreements (Attachment 3, 4, 5, 6, 7). In the event that a supervision session is cancelled by either the participant, supervisor/facilitator/mentor or the participants of a peer group, a record of cancellations is to be kept by the session supervisor/facilitator/mentor and peer group

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	8 of 42



members on the appropriate NPS - Record of Sessions Held Forms (Attachment 8, 9, 10, 11, 12).

12. participate with the participant/s to complete a NPS Formal Evaluation of Agreement form (Attachment 13).

Peer Group Shared Participant Model:

1. require relevant clinical work experience within the relevant field of practice of at least two years
2. have undertaken suitable NPS training
3. are employed as a senior nurse, practicing at an advanced RN3 level or above
4. demonstrate a positive professional attitude and the knowledge and skills required in relation to their own practice and current or previous roles
5. share joint responsibility in both participant and supervisor roles for establishing and recording clear goals and for reviewing the effectiveness of each session regularly against those goals
6. share joint responsibility for the effectiveness of each session held by maintaining the professional culture and integrity required for the NPS method used
7. in the event of serious legal, ethical, safety or unprofessional issues being identified during sessions held, appropriate action and reporting must occur through consultation with the Director of Nursing MHJHADS
8. raise unresolved professional issues related to supervision sessions with the MHJHADS Director of Nursing
9. sufficient notice will be provided to the other members of the peer group as agreed in the NPS Peer Group Agreement (Attachment 6). In the event that a supervision session is cancelled by one or more of the group's participant/s, a record of cancellations is to be kept by the peer group on the appropriate NPS Record of Sessions Held Form (Attachment 11).

MHJHADS Director of Nursing Office will:

- be responsible for implementing this policy
- promote and support supervision training for participants and supervisors of NPS
- maintain a register of NPS contracts/agreements
- maintain a register of participants/supervisors/facilitators and mentors.

[Back to Table of Contents](#)

Section 5 – Nursing Professional Supervision Requirements

1. Participant approaches their line manager to indicate participation in NPS.
2. A NPS Agreement Form (Attachment 3, 4, 5, 6, 7) is completed and signed by each participant's line manager (being the responsible manager) to authorise the employee's time away from regular duties to attend supervision sessions.
3. The participant/s and the supervisor/facilitator/mentor/peer group for the session sign the NPS agreement.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	9 of 42



4. The original signed agreement document is given to their line manager, to place in the participants personnel file. A copy of the NPS agreement is retained by the participant and the supervisor/facilitator/mentor or other participants if in a peer group and a copy is sent by the participant to the Assistant Director of Nursing Clinical Support (ADON CS). Further information is contained in the record keeping section of this document.
5. All NPS sessions are conducted during business hours.
6. All NPS sessions will be recorded by the supervisor/facilitator/mentor/participants of a peer group, using the relevant Record of Sessions Held Form (Attachment 8, 9, 10, 11, 2) which will identify at a minimum the main theme(s) of discussion covered in each of the sessions. This will be made available on request to the MHJHADS Director of Nursing (DON) Office.
7. The record of sessions will be considered confidential and will be kept secure by all parties involved in the NPS arrangement.
8. All staff involved in NPS sessions are encouraged to formulate and agree on the 'ground rules' for the sessions to be held. See an example of ground rules provided in Attachment 14. For a Community of Practice (CoP) the CoP Charter (Attachment 7) acts as the equivalent of a NPS agreement.
9. An individual NPS agreement can be ceased by either party as agreed in the supervision agreement. All terminated NPS agreements require notification by the participant to their line manager by giving them the original NPS Termination of Agreement Form (Attachment 15) to file in the participant's personnel record. The participant will also send a copy to the ADON Clinical Support (ADON CS). The NPS Termination of Agreement form (Attachment 15) is to be used when ending all models of NPS.
10. All agreements are to be reviewed and renewed at least annually with the above reporting obligations unless an earlier date of review has been agreed.

[Back to Table of Contents](#)

Section 6 – External Participant/Supervisor/Facilitator/Mentor

The MHJHADS DON Office maintains a list of NPS supervisor/facilitators/mentors. To request external supervision complete the External Nursing Professional Supervision Application form (Attachment 16) and return it to the MHJHADS DON Office via the ADON CS.

Details of the external arrangement include:

- a rationale for the need for external supervision
- written quotation of the expected costs
- external providers details and credentials
- location of the proposed supervision sessions
- precautions that will be taken to protect confidentiality
- details of an agreed arrangement for a neutral third party to settle unresolved issues
- details of how any practice infringement on relevant laws, standards or policies will be reported

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	10 of 42



- proposed start and end date of the arrangement
- details that the participant’s line manager has agreed to support and fund this arrangement.

Note:

All MHJHADS nursing staff who are approved to enter into an external supervision arrangement are required to adhere to this procedure. The principles described above also apply for external participants who wish to apply to use MHJHADS NPS resources. The MHJHADS DON office is not responsible for funding external Nursing supervision requests. Any cost associated with external supervision must be negotiated with, agreed to and provided by the participant’s line manager.

[Back to Table of Contents](#)

Section 7 – Managers

Managers show commitment to NPS through release of nursing staff to participate, as indicated in the NPS agreement. This is consistent with the support given to all other health disciplines to participate regularly in professional supervision. Support from managers is key to the sustainability of NPS.

[Back to Table of Contents](#)

Section 8 – Record Keeping

All original documents:

- A record of the supervision process produced by the employee/s involved in NPS and must be kept on file.
- NPS agreements for individual, group, peer group, mentor, Communities of Practice must be given by the participant to their line manager for filing into the participant’s personnel file.
- All original documents that record participation, external supervision or termination of agreements must be given in hard copy format by the supervisor/facilitator/mentor/peer group participant to the ADON CS.
- The ADON CS is responsible for creating a file with records management and warehousing all original NPS documents that record participation, external supervision or termination.

[Back to Table of Contents](#)

Implementation

This procedure will be implemented within MHJHADS by all nursing staff who are engaged in a clinical supervision model, being made readily available for them to read and download on

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	11 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



the CHS Policy Register. The procedure will be discussed in supervision sessions, Divisional Nursing forums, education sessions and through email correspondence as is required.

[Back to Table of Contents](#)

Related Policies, Procedures, Guidelines and Legislation

Policies and Procedures

- Canberra Health Services Clinical Supervision Policy
- Canberra Health Services Nursing and Midwifery Continuing Competence Policy and Procedure.

Reviews

- Independent Review into the Workplace Culture within ACT Public Health Services 2019.

Frameworks

- Mental Health Justice Health Alcohol and Drug Service Nursing Practice Framework 2015
- Nursing and Midwifery Board of Australia. A national framework for the development of decision-making tools for nursing and midwifery practice 2013.

Position Statements

- Australian College of Mental Health Nurses. Clinical Supervision Position Statement 2019.

Standards

- Australian Commission on Safety & Quality in Healthcare. National Safety & Quality Health Service Standards (NSQHS) 2nd Ed, 2017
- Australian Government. National Standards for Mental Health Services 2010
- Australian College of Mental Health Nurses. Standards of Practice in Mental Health Nursing (2010)
- Drug and Alcohol Nurses of Australasia. (2016). Specialist Nursing Standards and Competencies
- National Practice Standards for the Mental Health Workforce 2013
- Nursing and Midwifery Board of Australia. Enrolled Nurse Standards for Practice 2016
- Nursing and Midwifery Board of Australia. Nurse Practitioner Standards for Practice 2018
- Nursing and Midwifery Board of Australia. Registered Nurse Standards for Practice 2016
- Victorian Institute of Forensic Mental Health (Forensicare), Forensic Mental Health Nursing Standards of Practice 2012.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	12 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



Guidelines

- ACT Health Operational Guideline ACT Health Supervised Practice – Enrolled Nurses, Registered Nurses and Registered Midwives Guidelines 2019
- Australian College of Mental Health Nurses. Scope of Practice 2013
- Nursing and Midwifery Board of Australia. Continuing Professional Development 2016
- Nursing and Midwifery Board of Australia Fact sheet: Advanced nursing practice and specialty areas within nursing 2016.

Legislation

- *ACT Public Service Code of Conduct* 2012
- *ACT Public Sector Management Act* 1994
- *Children and Young People Act* 2008
- *Crimes Act* 1900
- *Guardianship and Management of Property Act* 1991
- *Health Practitioner Regulation National Law (ACT)* 2019
- *Human Rights Act* 2004
- *Information Privacy Act* 2014
- *Medicines, Poisons and Therapeutic Goods Regulation* 2008
- *Mental Health Act* 2015
- *Mental Health (Secure Facilities) Act* 2016
- Nursing and Midwifery Board of Australia. Code of conduct for nurses 2018
- Nursing and Midwifery Board of Australia. The ICN Code of Ethics for Nurses 2018
- *Work Health and Safety Act* 2011.

[Back to Table of Contents](#)

References

1. Te Pou o te Whakaaro Nui. (2017). Professional supervision guide for nursing leaders and managers. Retrieved from <https://www.tepou.co.nz/initiatives/supervision/119>
2. Queensland Government. (2009). Clinical Supervision Guidelines for Mental Health Services. Page 6. Retrieved from https://www.health.qld.gov.au/_data/assets/pdf_file/0026/371627/superguide_2009.pdf
3. Queensland Government. (2009). Clinical Supervision Guidelines for Mental Health Services. Page 8. Retrieved from https://www.health.qld.gov.au/_data/assets/pdf_file/0026/371627/superguide_2009.pdf
4. Te Pou o te Whakaaro Nui. (2017). Professional supervision guide for nursing leaders and managers. Page 22. Retrieved from <https://www.tepou.co.nz/initiatives/supervision/119>
5. Buus, N., Angel, S., Traynor, M., & Gonge, H. (2016). Psychiatric Hospital Nursing Staff’s Experiences of Participating in Group-Based Clinical Supervision: An

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MJHADS	13 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



- Interview Study. *Issues in Mental Health Nursing*, [Internet]. (2010). [cited 2019 July 22]; 31(10):654–661. <https://doi.org/10.3109/01612840.2010.489991> as cited in Saini, P. ‘Does clinical supervision reduce/prevent burnout in mental health nurses?’. 2018. (Unpublished). Page 7.
6. Te Pou o te Whakaaro Nui. (2017). Professional supervision guide for nursing leaders and managers. Page 12. Retrieved from <https://www.tepou.co.nz/initiatives/supervision/119>
 7. Victoria State Government. Clinical supervision for mental health nurses – A framework for Victoria. 2018. Page 12. Retrieved from <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/clinical-supervision-for-mental-health-nurses-framework-for-victoria>
 8. Te Pou o te Whakaaro Nui. (2017). Professional supervision guide for nursing leaders and managers. Page 19. Retrieved from <https://www.tepou.co.nz/initiatives/supervision/119>
 9. Victoria State Government. Clinical supervision for mental health nurses: An integrative review of the literature. 2018. Page 26. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjF8o7HzziAhUROisKHxfWBO8QFjAAegQIARAC&url=https%3A%2F%2Fwww2.health.vic.gov.au%2FApi%2Fdownloadmedia%2F%257BACA5D696-22F0-4DDD-A8E9-376B18AE2B37%257D&usq=AOvVawOP5x6wA14_TzP5XHajvSUW
 10. Te Pou o te Whakaaro Nui. (2017). Professional supervision guide for nursing leaders and managers. Page 28. Retrieved from <https://www.tepou.co.nz/initiatives/supervision/119>
 11. Victoria State Government. Clinical supervision for mental health nurses – A framework for Victoria. 2018. Page 32. Retrieved from <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/clinical-supervision-for-mental-health-nurses-framework-for-victoria>
 12. Morley, D. (2016). Applying Wenger's communities of practice theory to placement learning, *Nurse Education Today*. 39. 161-162. Retrieved from <http://dx.doi.org/10.1016/j.nedt.2016.02.007>.
 13. Johnson, M., Hamilton, M., Delaney, B., & Pennington, N. (2011). Development of Team Skills in Novice Nurses through an Athletic Coaching Model. *Teaching and Learning in Nursing* 6.4. Pages 185–189.
 14. Victoria State Government. Clinical supervision for mental health nurses – A framework for Victoria. (2018). Page 12. Retrieved from <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/clinical-supervision-for-mental-health-nurses-framework-for-victoria>
 15. Titzer, J., Shirey, M., & Hauck, S. (2017). A Nurse Manager Succession Planning Model With Associated Empirical Outcomes.” *JONA: The Journal of Nursing Administration* 47.10. Pages 37-38. Retrieved from https://cho.primo.exlibrisgroup.com/discovery/fulldisplay?docid=ovid00005110-201710001-00008&context=PC&vid=61CHO_INST:61CHO&search_scope=MyInst_and_CI&ab=Everything&lang=en

Doc Number	Version	Issued	Review Date	Area Responsible	Page
CHS20/094	1	24/03/2020	01/04/2024	MJHADS	14 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



16. Victoria State Government. Clinical supervision for mental health nurses – A framework for Victoria. (2018). Page 35. Retrieved from <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/clinical-supervision-for-mental-health-nurses-framework-for-victoria>

[Back to Table of Contents](#)

Definition of Terms

- Open Group: participants are able to join the group at any time and are not restricted by their employment role or work location.
- Closed Group: participants are well established, share a common employment role and or work location.

[Back to Table of Contents](#)

Search Terms

Supervision, Nurse Supervision, Professional Supervision, Peer Supervision, Mentoring, Communities of Practice, Communities of Interest, Clinical Governance, Clinical Supervision, Professional Competence, Practice Standards.

[Back to Table of Contents](#)

Attachments

- Attachment 1 – Nursing Professional Supervision Models
- Attachment 2 – Nursing Professional Supervision Community of Practice Reflective Journal
- Attachment 3 – Nursing Professional Supervision Individual Agreement
- Attachment 4 – Nursing Professional Supervision Group Agreement
- Attachment 5 – Nursing Professional Supervision Mentor Agreement
- Attachment 6 – Nursing Professional Supervision Peer Group Agreement
- Attachment 7 – Nursing Community of Practice Charter
- Attachment 8 – Nursing Professional Supervision Record of Individual Sessions Held
- Attachment 9 – Nursing Professional Supervision Record of Group Sessions Held
- Attachment 10 – Nursing Professional Supervision Mentor Sessions Held
- Attachment 11 – Nursing Professional Supervision Record of Peer Group Sessions Held
- Attachment 12 – Nursing Professional Supervision Record of Community of Practice Sessions Held
- Attachment 13 – Nursing Professional Supervision Formal Evaluation of Agreement
- Attachment 14 – Nursing Professional Supervision Ground Rules
- Attachment 15 – Nursing Professional Supervision Termination of Agreement
- Attachment 16 – External Nursing Professional Supervision Application

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	15 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



Disclaimer: *This document has been developed by Canberra Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Canberra Health Services assumes no responsibility whatsoever.*

Policy Team ONLY to complete the following:

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>
18/03/2020	New Document	Karen Grace, ED MHJHADS	CHS Policy Committee

This document supersedes the following:

<i>Document Number</i>	<i>Document Name</i>

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	16 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

Attachment 1 - Nursing Professional Supervision Models

Nursing Professional Supervision Models

Individual	Group	Peer Group	Community of Practice	Clinical Preceptorship	Clinical Mentoring	Succession Planning	Nursing Team Development
<p>An individual model pairs a participant with an experienced colleague who acts as the supervisor. Regular sessions allow for critical reflection and focussed discussion. The participant is able to discuss practice issues and challenges which will help support their development. This model suits staff who have more autonomy such as clinical managers.</p>	<p>A group model brings participants together regularly with one or more experienced staff who act as the group’s supervisors/ facilitators. Group supervision is an extension of individual supervision and is focused on reflection on clinical practice and development. This model suits staff who work in inpatient settings.</p>	<p>Peer groups use a shared facilitated process for critical reflection where two or more nursing staff meet regularly with common reciprocal and stated practice objectives. The role of supervisor and participant is shared amongst the participants of the peer group. This model is suitable for senior nursing staff who practice at the advanced RN3 level or above.</p>	<p>A Community of Practice (CoP) is a model based on collaboration amongst peers, where individuals discuss common practice issues, using a facilitated group problem solving approach. The CoP is an opportunity for new and experienced staff to learn together. A CoP is suitable for groups who work under a clearly defined model such as adult community teams.</p>	<p>Clinical preceptorship is developed between an assigned experienced practitioner who introduces and works directly with a new staff member or student. The preceptor model is suitable for guiding and supporting a colleague to transition into a new role.</p>	<p>The mentor model pairs a person with extensive experience, the mentor, with a participant who is developing their practice, the mentee. The mentoring model replaces the usual reflective practice approach with a guidance model. This method is suitable for participants who are managers and or senior clinicians.</p>	<p>Succession planning, often referred to as “talent management” affords participants the opportunity to grow and develop professionally, through the managed exposure to opportunities that actively assist in career counselling, career planning, career development and support.</p>	<p>Nursing team development is facilitated internally or brokered in externally and is characterised by the need to revise and or refocus nursing team effort or to strategically reposition the role of nursing and the nursing team to develop and mature clinical systems with an emphasis on building and sustaining effective nursing team work and alignment with organisational objectives.</p>

Attachment 2 - Nursing Professional Supervision Community of Practice Reflective Journal

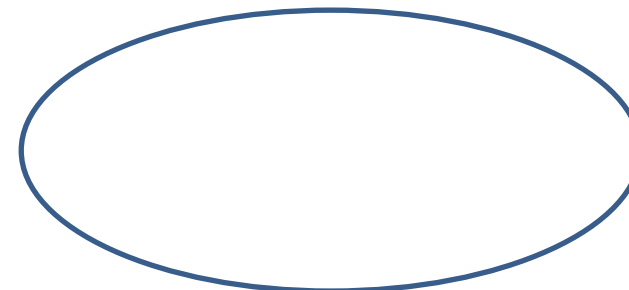
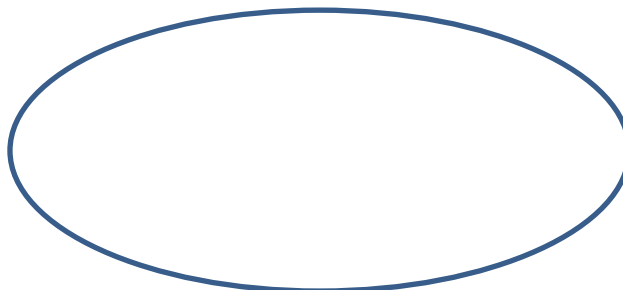
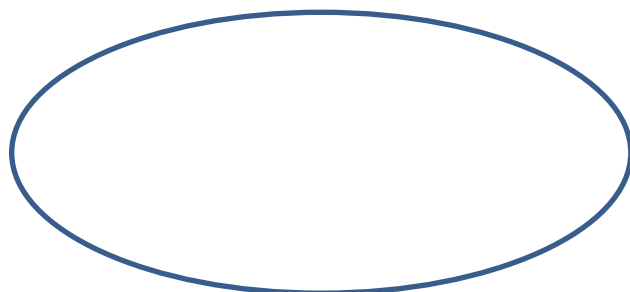
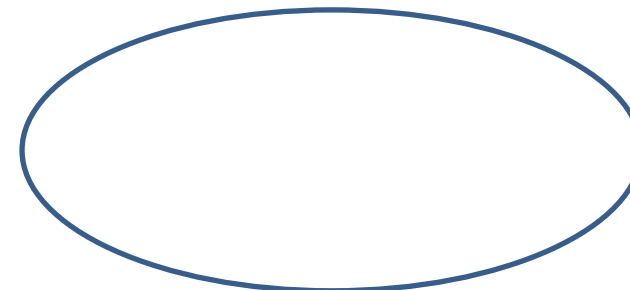
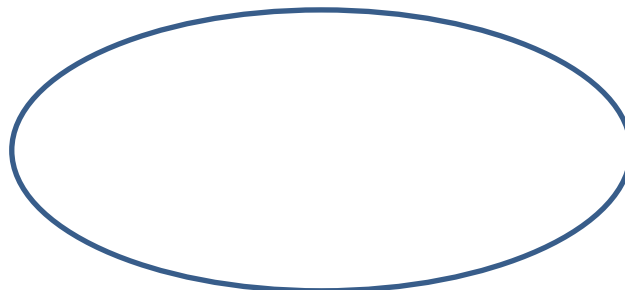
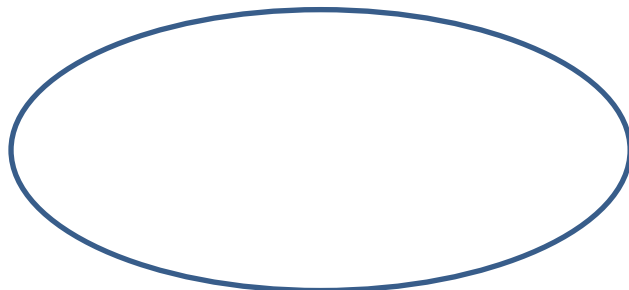
Participants in a Community of Practice may choose to use this form as a reflective journal.

Participants Name: _____ Date: _____ Facilitator: _____ CoP Focus: _____ Collaborative Enquiry Cycle: _____

What do I find most interesting?

What would I like to know more about?

What do I want to take forward and note from this session?



- On reflection the opportunities for my practice from this session are to: _____
- The actions I will take between sessions will be to: _____

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	18 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



Identified goals of this NPS agreement for the agreed contract period are:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

This NPS Agreement is to be reviewed annually, or earlier as necessary.

Participant	Signature	Date
Supervisor	Signature	Date
Participants Manager	Signature	Date

It is the responsibility of the participant to give the original signed document to their line manager in order to file into the participants personnel record. A copy is given to the supervisor and a copy is sent by the participant to the Assistant Director of Nursing Clinical Support.



Attachment 4 - Nursing Professional Supervision Group Agreement

This Nursing Professional Supervision (NPS) agreement is made between:

Participant	And	Supervisor/Facilitator
-------------	-----	------------------------

Both parties have agreed to the following conditions

- The aim of the NPS is to enable the participant to reflect on nursing practice and professional issues with the supervisor in order to develop professionally and personally to provide high quality and safe nursing services for people receiving services from the Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) Division.
- Together the parties have read, discussed and understood the Canberra Health Services Policy titled *Nursing Professional Supervision – Mental Health Justice Health Alcohol and Drug Service*.
- The parties will develop agreed written goals for supervision sessions and these goals will be the basis of the NPS evaluation process.
- All discussion held in NPS sessions are treated as confidential and will not be divulged outside the session as agreed by the parties under the NPS agreement. Where unsafe, unethical or illegal clinical practice/s have been revealed these matters will be raised by one or both parties to the MHJHADS Director of Nursing who will review the concerns raised.
- In the event of serious legal, ethical, safety or unprofessional issues identified during sessions held, appropriate action and reporting must occur through consultation with the MHJHADS Director of Nursing.
- In the event that a supervision session is cancelled by either the participant or the supervisor, sufficient notice is to be provided as agreed and a record of cancellations is to be kept by the session supervisor or peer on the appropriate record of meetings form (Attachments 8, 4, 9).
- In the event that this agreement is terminated, the parties agree to provide at least one weeks’ notice to end the contract and to complete the required Termination of NPS Form (Attachment 11).

We shall aim to meet regularly as follows

Frequency	Length of Session	Location
-----------	-------------------	----------

Agreed length of time necessary to cancel a session

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	21 of 42



Identified goals of this NPS agreement for the agreed contract period are:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

This NPS Agreement is to be reviewed annually, or earlier as necessary.

Participant	Signature	Date
Supervisor/ Facilitator	Signature	Date
Participants Manager	Signature	Date

It is the responsibility of the participant to give the original signed document to their line manager in order to file into the participants personnel record. A copy is given to the supervisor/facilitator and a copy is sent by the participant to the Assistant Director of Nursing Clinical Support.



Identified goals of this NPS agreement for the agreed contract period are:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

This NPS Agreement is to be reviewed annually, or earlier as necessary.

Participant	Signature	Date
Mentor	Signature	Date
Participants Manager	Signature	Date

It is the responsibility of the participant to give the original signed document to their line manager in order to file into the participants personnel record. A copy is given to the mentor and a copy is sent by the participant to the Assistant Director of Nursing Clinical Support.



Attachment 6 - Nursing Professional Supervision Peer Group Agreement

- The aim of the Nursing Professional Supervision (NPS) is to enable participants to reflect on nursing practice and professional issues in order to develop professionally and personally to provide high quality and safe nursing services for people receiving services from the Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) Division.
- All parties have read, discussed and understood the Canberra Health Services Procedure titled Nursing Professional Supervision – Mental Health Justice Health Alcohol and Drug Service.
- The participant in this agreement will develop agreed written goals for supervision sessions in collaboration with the other Nursing Peer Participants who are parties to this agreement. The goals decided on by the peer group will be the basis of the NPS evaluation process.
- The participants who are parties to this agreement will adopt a suitable peer group model that allows for every participant to share the role of supervisor and participant equally.
- All discussion held in NPS sessions are treated as confidential and will not be divulged outside the session as agreed by the parties under the NPS agreement. Where unsafe, unethical or illegal clinical practice/s have been revealed these matters will be raised by one or more parties to the MHJHADS Director of Nursing who will review the concerns raised.
- In the event of serious legal, ethical, safety or unprofessional issues identified during sessions held, appropriate action and reporting must occur through consultation with the MHJHADS Director of Nursing.
- In the event that a supervision session is cancelled by a participant, sufficient notice is to be provided as agreed and a record of cancellations is to be kept by the other participant/s on the appropriate record of meetings form (Attachments 8, 4, 9).
- In the event that this agreement is terminated, the parties agree to provide at least one weeks’ notice to end the contract and to complete the required Termination of NPS Form (Attachment 11).

We shall aim to meet regularly as follows:

Frequency	Length of Session	Location
-----------	-------------------	----------

Agreed length of time necessary to cancel a session

This NPS peer group agreement is to be reviewed annually, or earlier as necessary.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	25 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



Identified goals of this NPS agreement are:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

This NPS agreement is made between:

_____	_____	_____
Participant	Signature	Date
_____	_____	_____
Nursing Peer Participant	Signature	Date
_____	_____	_____
Nursing Peer Participant	Signature	Date
_____	_____	_____
Nursing Peer Participant	Signature	Date
_____	_____	_____
Nursing Peer Participant	Signature	Date
_____	_____	_____
Nursing Peer Participant	Signature	Date
_____	_____	_____
Participants Manager	Signature	Date

Each participant is to print a copy of this agreement for their own use, have it signed by their line manager and also by their Co-Participant Nursing Colleague/s. Each participant of the peer group is to give their original signed NPS agreement to their line manager, to file in the participant’s personnel record. Each participant is also responsible for sending a copy of this agreement to the Assistant Director of Nursing Clinical Support.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MJHADS	26 of 42



Attachment 7 - Nursing Community of Practice Charter

Mission and purpose

Communities of Practice (CoP) are professional learning and development forums that foster and encourage innovation by applying best available evidence to improving the quality and standard of nursing practice and the delivery of person centred care.

CoPs utilise a process of facilitated group problem solving utilising collaborative and appreciative inquiry to identify common issues and the exchange of knowledge and the development of skills to improve nursing practice in support of recovery led person centred care.

Members collaborate and are committed to providing a positive, safe, respectful and supportive environment where members teach and learn from each other irrespective of their position and regard each other as fellow clinicians, colleagues and sources of knowledge within the organisation by sharing and exchange ideas, experiences, knowledge, skills, expertise and resources.

Objectives

1. To enable colleagues to learn from one another through the sharing of issues, ideas, knowledge and the lessons learned to generate options and solutions, to practice challenges by applying evidence informed strategies both from research and from exploring other relevant applied aspects of mutual benefit and interest to improving nursing practice.
2. To generate tangible, measurable, value-added benefits for the practice of nursing and improved consumer health outcomes.

CoP Forum Participation Principles

Each member is encouraged to:

- Share freely knowledge, experience and expertise.
- Share values and principles around collaboration and peer support.
- Contribute to a body of knowledge and resources available for all members
- Generate and support positive culture and practice change.
- Promote the CoP objectives in the community in a spirit cooperative effort
- Provide respectful input and feedback to fellow members.
- Support innovation, creativity and the implementation of the best evidence.
- Adhere to forum etiquette.

Facilitator

For the first 12 months the CoP is led by a group Facilitator. As the CoP matures a rotating format will be adopted for the facilitator role. The facilitator will:

- Conduct the Forum in a way that engages and informs the community while promoting the CoPs objectives through a spirit of co-operative effort

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MJHADS	27 of 42



- Support a positive culture of success through the group's commitment to the etiquette of participation and the process of reflection on progress and achievements.
- If agreement cannot be reached on a particular issue, assist the group to achieve a consensus based outcome.

The facilitator will also ensure that a record is made for each Forum that includes:

- Apologies/attendance
- Next steps from the previous session
- Member feedback reports
- Shared findings / learning's / issues
- Any Invited Speakers
- Confirmation of the next Forum date and venue

Recorder

The CoP acknowledges the need to record the sharing of knowledge and ideas and the progress achieved in solving of problems and meeting practice challenges. The role of recorder will be shared and rotated.

Membership

- Nurses employed in the MHJHADS Division.

Forum Participation Principles

Members agree to:

- Promote CoP objectives through a spirit of co-operative effort
- Generate and support a positive culture for practice change
- Contribute to an atmosphere of meeting shared challenges through a facilitated process of shared problem solving
- Create an environment of trust to foster the exchange of knowledge, ideas and experiences that is not dependent on a position based hierarchy
- Share and seek relevant knowledge and resources that maintain a focus on solutions demonstrate benefit for the practice of nursing
- Celebrate successes

Cop Forum Etiquette

It is expected that all members of the CoP Forum commit to:

- Start each meeting acknowledging the traditional owners of the land.
- Attend Forums and prepare appropriately.
- Communicate and work with each other in a collaborative, cooperative, collegial and transparent manner consistent with the organisations values.
- Respect and value each member's diverse range of knowledge, skills and expertise.
- Apply the principle of consensus in reaching ways forward on issues.
- Avoid remarks that could be considered offensive and contrary to the Code of Conduct
- Listen to other points of view and try to understand other interests.
- Remain flexible, open minded and actively participate in meetings
- Speak one at a time and refrain from interrupting others.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	28 of 42



- Members agree to speak from their own experiences instead of generalising by speaking on behalf of others.
- Members respectfully challenge one another by asking questions, but refrain from personal attacks, focus on ideas not the person.
- Clinical information when referred to is always de-identified.
- Abide by and support Forum participation principles.
- The CoP forum is an open community and new members are made welcome.
- Provide adequate notice to the facilitator of the CoP if you are unable to attend.

Member Acceptance

I have read the MHJHADS Community of Practice Charter and accept the terms of membership as outlined in the Charter.

Participants Name	Signature	Date

Manager Endorsement

I agree to support the above-named Officer and their membership of the CoP, consistent with the charter for participation as outlined in the document and referred to below in the Organisation CoP Forum Support Strategy.

Managers Name	Signature	Date

Organisation CoP Forum support strategy

To support and provide commitment to members’ of the CoP Canberra Health Services will:

- Support the CoP to convene on a regular 4 weekly basis and to allow nursing staff employed in the MHJHADS Division to attend.
- Support CoP member’s attendance for the full 1.5 hours in duration.
- Schedule and release staff to attend the CoP through the Outlook Calendar.
- Provide formal support and endorsement for nursing staff to participate in the CoP by holding forums at locations that encourage access and attendance.

Each participant in the CoP is responsible for giving the original signed copy of this agreement to their line manager, to file into the participants personnel record. A copy is also to be sent to the Assistant Director of Nursing Clinical Support. A copy of this document is to be retained by the participant and the facilitator.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	29 of 42

Attachment 8 - Nursing Professional Supervision Record of Individual Sessions Held

A copy of this form is to be kept by the parties to the arrangement and should be provided to the MHJHADS DON Office on request.

Date	Supervisor	Participant	Location	Discussion Subject/Progress Achieved	Comments

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	30 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

Attachment 10 - Nursing Professional Supervision Mentor Sessions Held

A copy of this form is to be kept by both parties to the arrangement and should be provided to the MHJHADS DON Office on request.

Date	Rotating Supervisor Role Details	Participant/s	Location	Discussion Subject/Progress Achieved	Comments

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	32 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register

Attachment 13 - Nursing Professional Supervision Formal Evaluation of Agreement

All staff who have been involved in a supervision agreement must complete this form, ensuring that all parties to the agreement receive a copy.

Evaluation of Nursing Professional Supervision			
Name of Participant:			
Name of Supervisor:			
Date:			
Rating Scale:			
1. Almost never	2. Occasionally	3. Often	4. Almost always
Quality of the Supervision Process		Supervisor	Participant
1. A mutually acceptable agreement specifying format, goals, roles/responsibilities and accountability was agreed by the parties.			
2. The participant fulfilled their commitments as agreed.			
3. The session supervisor maintained appropriate professional boundaries during the supervision relationship.			
4. The participants worked to an agreed session agenda.			
5. The supervisor of the supervision sessions was reliable in making time for and punctual in attending the regular supervision sessions.			
6. The session supervisor placed a high priority on gaining an understanding of the participant's perspective.			
7. The session supervisor employed a range of questioning styles to assist the supervision process to explore and conceptualise issues, options and solutions.			
8. The participant worked together to formulate questions and topics to assist in realising session goals.			
9. The participants kept records to assist in the supervision process and the development of reflective practice.			
10. The participants communicated sensitively towards cultural and professional differences relevant to clinical practice.			
11. The participants demonstrated relevant skills in sessions in support of reflective practices.			



12. The participants expressed and explained concepts and material clearly.		
13. The participants respected confidentiality issues, as appropriate.		
14. The session supervisor made the participant feel valuable and respected as a colleague.		
15. The participants sought feedback about their satisfaction with supervision sessions.		
16. The participants showed enthusiasm for clinical practice, improvement and the process for professional growth and development.		
17. The session supervisor created an atmosphere of trust and support.		
18. The session supervisor was available for crisis contact.		
19. The session supervisor's supervision style was suited to the level of clinical experience, learning style and needs of the participant.		
20. The session supervisor encouraged presentation of participant's point of view and respected the participant's opinions.		
21. The session supervisor helped participants to identify their strengths and weaknesses relating to the core skills, knowledge, attitudes and competencies required for professional practice.		
22. The session supervisor provided opportunities for practice of clinical skills in sessions, observed performance and provided feedback.		
23. The session supervisor was flexible and adapted to changing needs of supervisee in supervision.		
24. The session supervisor encouraged supervisee to examine ethical issues relating to practice, in line with professional codes of conduct.		
25. Sessions for the participant improved clinical skills, knowledge, and attitudes relating to clinical practice.		
26. Sessions for the participant increased their confidence as a practitioner.		
27. Sessions for the participant increased their understanding of the organisation he/she works in.		
28. Sessions for the participant increased their knowledge of ethical issues in practice.		
29. Sessions for the participant increased their knowledge of relevant local, State and National policies and procedures.		



30. Sessions for the participant increased their feeling of enthusiasm about work as a result of the supervision experience		
31. Sessions for the participant increased their motivation to work on developing clinical skills		
32. The participant felt satisfied with the supervision he/she received		
33. What are the three most positive outcomes that have been achieved from supervision?		
a.		
b.		
c.		
34. What three things would you have preferred to have been done differently in supervision?		
a.		
b.		
c.		
35. What specific clinical skills/areas should be the focus of development in future supervision sessions?		
a.		
b.		
c.		
36. What additional professional development activities do you think would be beneficial to support your supervision experiences?		
Storage	<i>The MHJHADS Director of Nursing office may request a copy of these notes. The session supervisor/facilitator/mentor is otherwise responsible for the storage of Nursing Professional Supervision records and must give the original copy to their line manager to file into their personnel record.</i>	



Attachment 14 - Nursing Professional Supervision Ground Rules

Staff are able to choose to adopt these ground rules to support their supervision sessions, or to write their own.

Confidentiality:

- It is acceptable to use client/consumer/patient names for the purposes of reflection on nursing practice, however in most cases the person should be deidentified.
- What is disclosed and shared during NPS sessions is not shared outside the session and is privileged information only meant for the participants of the NPS session.

Accountability:

- The individual/group takes carriage of and initiates actions arising from systems issues, raised in this forum.
- The supervisor/facilitator will report any significant professional issues for example illegal practices, breaches of ethical or professional conduct, major practice issues, psychosis to the MHJHADS Director of Nursing.

Quorum:

- NPS for our group will be held _____ (specify a time e.g. Monthly).
- NPS sessions will be scheduled on _____ day of the week, at _____ time.
- The venue for NPS sessions is located at _____.
- There will be no break within the NPS session
- NPS will be held with a minimum of one participant and one supervisor/facilitator.
- NPS is open to the nurses who work in the following program area _____ unless the arrangement for the NPS agreement is for the individual or is a closed group.

Core Characteristics:

- All participants involved in NPS are accountable for the session content.
- All participants will address professional issues and will avoid raising out of scope issues for e.g. union, EBA, or personal problems.
- All participants will prepare short case studies to present at each session.
- Content preparation may include positive and negative work related issues; professional development; intercollegial or interprofessional conflict; career progression; credentialing requirements.
- One person talks at a time.
- All participants respect the right to have their say, with equal airspace for all.
- All participants are to remain professional with a focus on a non-blaming and non-judgemental approach, including the provision of constructive feedback to colleagues.
- Participants agree to accept diverse views and to consider differences in thinking and opinion.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	38 of 42



- The session will start and finish on time.
- Cut-off time for group sessions for late arrivals is _____ minutes into the session
- The supervisor/facilitator will feedback to the individual/group as the need arises or as is requested.

Individual/Group/CoP Feedback:

- All participants in NPS agree to provide feedback to the supervisor/facilitator and other participants to inform shared development on how the sessions are progression, what they like and what they'd like to improve during the sessions.

Nursing Professional Supervision Agreements (NPSA):

- Participants will retain the original copy of their agreement, for their professional portfolio and to be given to their manager to file in their personnel record.
- Completed copies of MHJHADS NPSA'S will be forwarded by the participants to the MHJHADS Director of Nursing Office via email sent to the ADON CS.

Line Managers:

- Are not direct participants in NPS sessions?

Mobiles:

- To be turned off or silent mode during the meeting
- Participants will respond to alarms as required and may need to be excused from the session

Preparations for ongoing sessions:

- All participants are to read the Canberra Health Services Operational Procedure Nursing Professional Supervision - Mental Health Justice Health and Alcohol and Drug Service (MHJHADS)
- Calendar invites to all nursing staff please

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MHJHADS	39 of 42



Attachment 15 - Nursing Professional Supervision Termination of Agreement

All staff who end their supervision agreement prior to it expiring must complete this form and the original document must be sent to the participant's line manager for filing in the personnel record of the participant. A copy must also be sent to the Assistant Director of Nursing Clinical Support.

Termination of Nursing Professional Supervision Agreement	
Reasons (required)	
Date agreement to cease	

Signed: _____ Date: _____
Participant

Signed: _____ Date: _____
Supervisor/Facilitator/Mentor

Signed: _____ Date: _____
Line Manager

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
CHS20/094	1	24/03/2020	01/04/2024	MJHADS	40 of 42

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



Attachment 16 - External Nursing Professional Supervision Application

All staff who intend to enter into an external supervision arrangement or who wish to provide supervision to a person who is not employed by the MHJHADS Division must complete this form and send it to the Assistant Director of Nursing Clinical Support.

Participant Details	
Name/ Classification	
Work Location	
Contact Details	(P) _____ (M) _____ (E) _____
Managers Name	(P) _____
Please outline your reason/s for applying to enter into an external supervision arrangement as the participant or to provide supervision as the supervisor to an external participant.	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
External Parties Details	
Name	
Company Name	ABN
Credentials	
Office Address	
Contact Details	(P) _____ (M) _____ (E) _____
Quoted cost per Session	\$ _____ (note a quotation from the external supervision provider must accompany this application)

Proposed External Supervision Agreement Details	
Session location	
Frequency of sessions	
What precautions will be taken to ensure confidentiality is maintained?	
Name of neutral third party will be contacted in the	



event of an unresolved issue?	
Who will the external supervision provider contact to report practice issues which infringe on laws, policies and standards?	
Proposed Start Date	
Proposed End Date	

Signed: _____ Date: _____
(Participant)

Signed: _____ Date: _____
(Line Manager who agrees to support and fund this arrangement)

Approved

Signed: _____ Date: _____
(MHJHADS Director of Nursing)

Not Approved

Reasons:

Signed: _____ Date: _____
(MHJHADS Director of Nursing)