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Clinical Supervision Pilot Project Evaluation Report

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Executive Summary

Project Background and Purpose

In 2020 the Chief Nursing and Midwifery Officer (CNMO), ACT Health acted on the 'Position Statement: Clinical Supervision for Nurses and Midwives' released in 2019 by the Australian College of Mental Health Nurses, Australian College of Nursing and Australian College of Midwives. The impetus was to support the nursing and midwifery workforce with benefits of Clinical Supervision (CS) expected to assist with a positive cultural shift and development of staff.

The Clinical Supervision Pilot Project (July 2020 – June 2021) aimed to ascertain the strategies, processes and resources needed to introduce Clinical Supervision into the practice of nurses and midwives on a larger scale.

Project Objectives

1. To develop nurses and midwives from Canberra Health Services and Calvary Public Hospital Bruce as supervisors of Clinical Supervision through an endorsed training program.
2. To establish a Clinical Supervision Coordinator.
3. To collaboratively engage Canberra Health Services and Calvary Public Hospital Bruce in the implementation of Clinical Supervision for nurses and midwives.
4. To explore strategies, processes and resources needed to successfully implement Clinical Supervision for nurses and midwives in ACT Health.
5. To evaluate the Pilot Project.

Project Outcomes

The project met all objectives, including the evaluation presented in this report, through collaboration with Canberra Health Services and Calvary Public Hospital Bruce, including Allied Health.

- Three CS supervisor training programs were commenced and completed during the pilot project. Each 8-day training program was comprised of three facilitated workshops, and independent learning in the workplace, over a 6-month period. **34** nurses, midwives, and allied health professionals completed the evidence-based program and gained confidence and competence to fulfil the CS supervisor role. Participants evaluated the program highly and valued the experiential learning and support.
- The Clinical Supervision Coordinator commenced in October 2020 (2 days/week). The position was in effect for the remaining 9 months of the pilot project and extended to December 2021.
- A monthly online survey (mean response rate: 48%) found **327 CS sessions** (individual and group CS) were provided by CS supervisors in Canberra Health Services and Calvary Public Hospital Bruce (October 2020 – June 2021). 116 of the CS sessions were received by CS supervisors, supporting learning as a CS supervisor, implementation of CS, and personal and professional development from critical reflection. CS supervisors were keen to implement CS, however a 13% cancellation rate of booked sessions reflected operational demands.
- A Clinical Supervision Strategic Planning and Implementation Committee was formed (Chair: CNMO). Membership included the CS Coordinator, Executive Managers, CS supervisors, the Allied Health CS Coordinator, and project partner, Clinical Supervision Consultancy (Ex-officio).

- Strategies to support a second stage of CS implementation were identified including continuation of the CS Coordinator position, ongoing education and support of CS supervisors, and completion of a CS Framework for nurses and midwives in the ACT (in progress). The communication, liaison and support provided by the CS Coordinator proved to be essential for the success of the project and funding was extended to December 2021.

Project Issues

- The CS Coordinator position commenced after the first three months of the project, delaying collection of monthly data for project monitoring. Responses to the monthly survey provided an overview of CS implementation, however the data were incomplete.
- Challenges with release time for trainee supervisors to complete independent learning components between facilitated workshops (minimum of 8 CS sessions), and to continue to provide/receive CS after completion of the foundational program.
- CS was not well understood by nurses, midwives, and managers and there was no standardised ACT Health framework to guide CS implementation.

Project Benefits

- An initial cohort of confident and competent supervisors implemented CS.
- CS was offered to nursing and midwifery staff who had not had prior access, enabling immediate personal and professional benefits.
- Establishment of the CS Coordinator position enabled liaison, support for supervisors, communication, and reporting. The CS Coordinator role was identified as essential for implementation.
- Increased understanding about contextual enablers and barriers to CS implementation to inform decision-making for the second stage of CS implementation.

Recommendations

- A second stage of CS implementation with continued governance and monitoring of CS implementation by the CNMO and the CS Strategic Planning and Implementation Committee.
- Continued funding for the CS Coordinator position (2 days/week) and gradual increase of hours in line with further implementation.
- Completion of an ACT Health CS Framework consistent with the CS Position Statement to support a standardised approach to CS.
- Organisational support for CS implementation including release time for CS.
- Foundational and ongoing CS supervisor training to meet the need from increasing interest in CS, and the ongoing support and development of CS supervisors. Extension of education for managers and potential supervisees/supervisors about CS and requirements for implementation.
- Continued support for CS supervisors through the monitoring of well-being and capacity, and development of a CS community of practice.
- Alignment of CS to other workforce initiatives and exploration of options for research and other partnerships for funding opportunities.

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Purpose

The purpose of this document is to present evaluation findings of the Clinical Supervision Pilot Project for ACT Health nurses and midwives (July 2020 – June 2021) with evidence of how the aim and objectives of the project were achieved. Following presentation of the evaluation findings, recommendations have been posed for consideration in future work to implement clinical supervision. Lessons learned and recommendations from the project process are also included.

Introduction

In 2020 the Chief Nursing and Midwifery Officer (CNMO), ACT Health acted on the ACMHN, ACN, ACM, (2019) Position Statement on Clinical Supervision (CS). The impetus was to support a nursing and midwifery workforce with benefits of CS expected to assist with a positive cultural shift and development of staff.

Clinical supervision is defined as:

> "a formally structured professional arrangement between a supervisor and one or more supervisees. It is a purposely constructed regular meeting that provides for critical reflection on the work issues brought to that space by the supervisee(s). It is a confidential relationship within the ethical and legal parameters of practice. Clinical Supervision facilitates development of reflective practice and the professional skills of the supervisee(s) through increased awareness and understanding of the complex human and ethical issues within their workplace" (ACM, ACMHN, ACN, 2019)

The CNMO wanted to firstly build a cohort of CS supervisors so CS could be offered to nurses and midwives without delay. The Joint Position Statement on CS identifies the need for appropriately trained supervisors to facilitate CS. As a result, Clinical Supervision Consultancy was engaged as a project partner to provide supervisor training, consultancy, and support.

In May/June 2020, an initial consultation with the CNMO, nursing and midwifery managers and some potential participants occurred via half/full-day workshops. A questionnaire was developed to assess perceptions of CS. Open-ended questions were asked regarding barriers and enablers, and respondents were invited to provide creative ideas for implementation. It was evident access to CS for MHNs was limited, and not overtly apparent in other nursing or midwifery practice. The questionnaire results identified expected barriers to CS implementation included a limited understanding about CS, lack of trained supervisors, difficulties with gaining protected time for CS, organisational support, and resources. Perceived enablers for CS implementation included the CNMO vision, appointment of a CS Coordinator, managers with understanding and support for CS, and enthusiasm for the long-term goal of access to CS as an essential component of professional practice.

Project Aim

The Clinical Supervision Pilot Project aimed to ascertain the strategies, processes and resources needed to introduce Clinical Supervision into the practice of nurses and midwives in ACT Health.

Project outcomes were expected to inform decision-making about the next steps for successful implementation of CS on a larger scale, with the long-term goal of increasing access to CS for ACT Health nurses and midwives.

Project Objectives

1. To develop nurses and midwives from Canberra Health Services and Calvary Public Hospital Bruce as supervisors of clinical supervision through an endorsed training program.
2. To establish a Clinical Supervision Coordinator.
3. To collaboratively engage Canberra Health Services and Calvary Public Hospital Bruce in the implementation of Clinical Supervision for nurses and midwives.
4. To explore strategies, processes and resources needed to successfully implement Clinical Supervision for nurses and midwives in ACT Health.
5. To evaluate the Pilot Project.

Project Deliverables

- Education of nurses and midwives as Clinical Supervision supervisors via an 8-day program (3 workshops); two programs delivered to Nurses and Midwives, and one program delivered to Allied Health Professionals.
- Establishment of a part-time Clinical Supervision Coordinator (2 days/week) for the term of the Pilot Project.
- Establishment of a Clinical Supervision Pilot Project CS Strategic Planning and Implementation Committee.
- Establishment of a Clinical Supervision Working Group for CHS and CPHB for participants undertaking the training aimed at providing information and support around their Clinical Supervision practice.
- Feedback from supervisors, managers, CS Coordinator, and project partners regarding implementation.
- A report to the ACT CMNO to include but not be limited to enablers, barriers, lessons learned, and Clinical Supervision implementation recommendations for future consideration.

Project Scope

The project was aligned to commencement of CS supervisor education for nurses and midwives from Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB) and incorporated collaboration with Allied Health.

Project overview/description

The pilot project began in July 2020 in parallel with commencement of the first supervisor training group for nurses and midwives.

- *Education of CS supervisors*

Three CS supervisor training programs were conducted, 2 training programs for nurses and midwives (CHS: July - December 2020; CPHB: August – December 2020), and one training program for allied health professionals (October 2020 – March 2021). A total of 34 CS supervisors completed the training program (37 commenced).

The eight-day foundational training program for CS supervisors, 'Clinical Supervision for Role Development Training' was comprised of three facilitated workshops (3 days + 3 days + 2 days) and independent learning over a 6-month period. The program utilised experiential learning, including CS sessions using real-life situations in the facilitated workshops and CS provided by training participants in the workplace between workshops. CS supervisors were taught an evidence-based process model (the Role Development Model) to guide facilitation of CS. Knowledge and skills for the development of a trusting supervision alliance and the boundaries of CS practice were central to the interactive learning. By the end of October 2020 all participants had completed at least 3 days of the supervisor training and had started to offer CS. The training program was positively evaluated (Appendix 1).

- *CS Coordinator*

A part-time CS Coordinator (MHN) commenced in October 2020, with an initial 10-week contract for 2 days/week with the ACT Health Directorate. The contract was subsequently extended for the rest of the pilot. Existing knowledge and skills as a credentialed mental health nurse, experience of CS as a supervisee and supervisor, and enthusiasm for CS enhanced fulfilment of the CS Coordinator role. The CS Coordinator was a training participant and provided liaison and support for the CS supervisor training and assisted supervisors with providing education about CS in work units. Creation of an monthly online reporting process for the collection of data about CS assisted implementation monitoring and support (Appendix 2).

The initial task for the CS Coordinator was development of a Project Management Plan to ensure the project aim, objectives, deliverables, and risks were considered, and strategies identified to optimise achievement of project milestones. Preliminary work was commenced on an ACT Health CS Framework in collaboration with the Allied Health CS Coordinator.

- *Governance*

The CNMO provided oversight of the project, with support from the CS Coordinator and project partner, Clinical Supervision Consultancy. A CS Strategic Planning and Implementation Committee formed in March 2021 with the membership comprising: CNMO (Chair), CS Coordinator, CHS and CPHB executive management, CS supervisor representatives, the Chief Allied Health Officer, Allied Health CS Coordinator, and project partner (ex-officio). Two working groups (CHS and CPHB) provided support for CS supervisors and a mechanism for ongoing contact with the CS Coordinator to facilitate understanding of implementation challenges and enablers.

Evaluation – Project Outcomes

The CS Pilot Project had four outcome areas aligned to the project objectives. Evaluation was undertaken using a mixed-methods approach with the findings informing analysis and the recommendations. Appendices in this report provide detailed evidence of project outcomes.

1. Project Outcome: Education of nurses and midwives as confident and competent CS supervisors

Project Objective:
To develop nurses and midwives from Canberra Health Services and Calvary Public Hospital Bruce as supervisors of clinical supervision through an endorsed training program.

Project Deliverables:
Education of nurses and midwives as CS supervisors via an endorsed 8-day program (3 workshops) over a period of approximately 6 months per program.

Project Benefit:
Confident and competent supervisors available to implement CS.

Method	Findings	Analysis
[Describe the method undertaken to evaluate project outcome]	*[Provide evidence such as data and feedback to demonstrate the outcome has been achieved]*	*[Provide an analysis of the result]*
Continuous formative assessment by training facilitators of knowledge and skill development as a CS supervisor - Observation of participants engaged in real life CS sessions on each day of the program - Continuous dialogue and revision/review of knowledge and participant reflections on skill development - Routine program evaluation at the conclusion of each workshop.	Participants gained a deep understanding of CS as a supervisee and supervisor through real life CS. Critical reflection, feedback on skill development and group discussion enabled continuous development as a CS supervisor. **34 of 37 participants completed the foundational program (92%)** 16 nurses, 6 midwives, 12 allied health practitioners One participant withdrew after 1st workshop -personal reasons; Two participants withdrew after 2nd workshop – postponed pending professional development/moved interstate. **See Appendix 1 for evidence from the program evaluation**	Experiential learning with practice of skills in CS using real situations for the supervisee during facilitated workshops and in the workplace enabled development of confidence and competence as a supervisor. Continuous formative assessment enabled early identification of learning needs. A high percentage of participants completed the foundational program Not all participants who enrol in education as a CS supervisor will complete the program for a range of reasons.

Method	Findings	Analysis
Self-assessment by training participants re: confidence and skill development: - Critical reflection using a reflection guide after each CS session as supervisor. - Verbal feedback from peer learners and other supervisees at the conclusion of each CS session. - Measurement of confidence and development via 5-point Likert Scale in the routine training program evaluation (conclusion of each facilitated workshop).	Confidence and competence as a CS supervisor developed over 6-month engagement in the foundational training program. Increasing confidence and competence as a supervisor was closely aligned to providing CS, including at least the minimum recommended number of CS sessions to peer learners and other supervisees in the workplace between the facilitated workshops. Confidence was promoted by supervisees reporting the sessions were helpful. Confidence and competence consistently increased over the series of workshops. **See Appendix 1**	The combination of participants' critical reflection and feedback from supervisees provided immediate review of learning. Practice as a supervisor was essential. Completion of the routine program evaluation at the end of each workshop was a useful means for participants to consider their progress over time. Time was needed to develop and embed skills.
Routine program evaluation questionnaire at the conclusion of each facilitated workshop in the training program (i.e., at Day 3, Day 6, and Day 8)	Experiential learning via 'Clinical Supervision for Role Development Training' enabled participants to build confidence and competence as a CS supervisor. Direct engagement in CS as a supervisee/supervisor significantly increased knowledge and skills, and comfort to be supervised. The training program was evaluated positively as meeting the learning aim. Personal/ professional benefits were gained from the learning approach and CS. **See Appendix 1**	The foundational CS training program met the aim to prepare confident and competent supervisors at a beginner supervisor level. Participants considered the pragmatic focus of the learning was essential for skill development. Participants were motivated to implement CS and share the value with other staff. Collaborative group learning enhanced motivation.

2. Project Outcome: Clinical Supervision Coordinator appointed October 2020 – June 2021 (2 days/week)

Project Objective:

To establish a Clinical Supervision Coordinator.

Project Deliverables:

Part-time Clinical Supervision Coordinator (2 days/week) for the term of the pilot project.

Project Benefit:

Key role for the coordination and support of Clinical Supervision implementation for nurses and midwives in the ACT through liaison, support for supervisors, communication, and reporting.

Method	Findings	Analysis
[Describe the method undertaken to evaluate project outcome]	*[Provide evidence such as data and feedback to demonstrate the outcome has been achieved]*	*[Provide an analysis of the result]*
Documentation by the ACT Health Directorate demonstrating the commencement of a CS Coordinator, including an agreement with Calvary Public Hospital Bruce.	Appointment of a credentialed Mental Health Nurse with experience as a CS supervisor and in a leadership role at Calvary Public Hospital Bruce. - Initial secondment to the ACT Health Directorate for 2 days/week, Oct – Dec 2020, with extension of appointment every 3 months to Dec. 2021 (and ongoing review).	Collaboration enabled appointment of an experienced nurse with the appropriate knowledge, skills, and enthusiasm for CS to undertake the CS Coordinator role.
Relevant meeting minutes and project reports	Weekly and monthly meetings with CNMO, and project partners included the status of the supervisor training, supervisor support and other implementation needs. Project Management Plan completed in December 2020. Reports to CNMO and CS Strategic Planning and Implementation Committee outlining implementation status.	Input from the CS Coordinator was a key component of all CS meetings. Regular meetings enabled consistent and timely communication and responsiveness to identified areas for focus. The Project Management Plan and reporting enabled project monitoring and decision-making.

Method	Findings	Analysis
Development of an online survey tool for monthly collection of qualitative and quantitative data from CS by the CS Coordinator (including CS sessions provided, CS received as a supervisee, a 'temperature check' of how supervisors were feeling, and identification of barriers/enablers to CS implementation).	Statistics gathered by the CS Coordinator included CS sessions offered to CHS and CPHB staff whilst supervisors were undergoing training. **Response rate range: 15% - 79% per month.** Incomplete data; lower response rate in December 2020, and May/June 2021. **See Appendix 2**	Data from the monthly survey was key to project monitoring and CS Coordinator responsiveness to implementation challenges, including timely follow-up of supervisors requiring support. A lower survey response rate limits understanding of CS implementation. Strategies are needed to enable a consistently high survey response rate.
CS Coordinator's critical reflection on lived experience as a participant of supervisor training and Coordinator role. Verbal and written feedback from CS supervisors about CS Coordinator support (training evaluation and CS Forum).	Experience of the supervisor training provided a deep understanding of the program requirements and learning experience. Support by the CS Coordinator was welcomed and assisted with CS in the workplace. Supervisors felt connected and less isolated.	Experience of the learning program enhanced CS Coordinator initiatives to assist with support needs. The CS Coordinator role was viewed as essential. Participants had a designated person to contact for support and assistance with barriers.
Verbal feedback following information sessions on CS and the pilot project provided to Executive, Line Managers, and staff within Divisions of CHS and CPHB.	-CHS: 6 information sessions -CPHB: 8 information sessions -7 cancelled sessions Positive feedback and more comprehensive 'buy-in' from Executive and other managers who attended information sessions - supervisors reported more support to provide/receive CS if their line manager had attended.	Information sessions about CS, provided consistent messaging about CS, a timely response to questions, and reduced barriers to implementation. The number of information sessions was limited by the time available and competing priorities.
Coordinator record of liaison and networking at all organisational levels via emails, phone calls and face-to-face meetings.	Liaison with managers, executive, external partners – organisation of participants for training, including allied health; liaison with Allied Health CS Coordinator.	Liaison and networking assisted identification of suitable participants for supervisor training, communication, and collaboration about implementation.

3. Project Outcome: Implementation of CS in Canberra Health Services and Calvary Public Hospital Bruce with trained supervisors

Project Objective:

To collaboratively engage Canberra Health Services and Calvary Public Hospital Bruce in the implementation of Clinical Supervision for nurses and midwives.

Project Deliverables:

CS supervisors available to facilitate CS

Project Benefit:

CS offered to nursing and midwifery staff who had not had prior access, enabling immediate personal and professional benefits.

Method	Findings	Analysis
[Describe the method undertaken to evaluate project outcome]	*[Provide evidence such as data and feedback to demonstrate the outcome has been achieved]*	*[Provide an analysis of the result]*
Online reporting of CS activity via survey monkey to gain quantitative and qualitative data: - Number of CS sessions provided/received per month. - Enablers and barriers encountered by CS supervisors to implementation. - How CS supervisors were feeling about CS and implementation.	Survey response range: 15% - 79% (mean 48%). Total CS sessions provided by participants of the supervisor training program: **327 sessions of CS** - **281 individual CS (1:1)** - **46 group CS sessions** Total CS sessions received by supervisors: **116** Barriers: Time due to clinical acuity and staffing levels; lack of understanding of CS; space to conduct CS. Enablers: Motivation and enthusiasm of supervisors; time for CS; staff becoming interested; benefits to supervisees; support. **See Appendix 2**	The online survey assisted data collection from the different organisational systems. CS provided/received was influenced by the supervisor training requirement to practice skills between program workshops. Barriers were reduced with management support, and adequate staffing for clinical needs. CS was positively received and provided personal and professional benefits to frontline staff and managers. Supervisors were enthusiastic about CS if they were able to utilise skills, yet were frustrated if time for CS could not be gained.
Regular reports to the CS Strategic Planning and Implementation Committee by the supervisor training provider and CS Coordinator about implementation progress.	Common barriers/enablers encountered; collaborative development of strategies to assist peer learners achieve the required CS sessions in the workplace **See Appendix 2**	Reports allowed governance of the project and collaboration between the CNMO and all project partners to reduce barriers and promote enablers for implementation.

4. Project Outcome: Identification of strategies, processes and resources required to enable CS implementation

Project Objective:

To explore strategies, processes and resources needed to successfully implement Clinical Supervision for nurses and midwives in ACT Health.

Project Deliverables:

Establishment of a Clinical Supervision Strategic Planning and Implementation Committee.
Establishment of a CHS and CPHB Working Group.
Feedback from supervisors, managers, CS Coordinator, and project partners regarding implementation.

Project Benefits:

Increased understanding about contextual enablers and barriers to CS implementation to inform decision-making for the second stage of CS implementation for nurses and midwives.

Method	Findings	Analysis
[Describe the method undertaken to evaluate project outcome]	*[Provide evidence such as data and feedback to demonstrate the outcome has been achieved]*	*[Provide an analysis of the result]*
Questionnaire responses from two 1-day information workshops for managers.	A total of 18 managers attended a workshop (16/3/21 or 17/3/21) Varied understandings of CS; Support for CS, yet time to operationalise an issue	Results aligned with pre-pilot consultation findings; Support and resources for implementation required at all organisational levels
Minutes of the CS Strategic Planning and Implementation Committee.	Meetings: March 2021, April 2021; acceptance of Terms of Reference, including membership and frequency. Membership: CNMO, Executive Managers (CHS and CPHB); Chief Allied Health Officer; CS Coordinator; Allied Health CS Coordinator; supervisor representatives (Nursing and Midwifery CHS & CPHB); project partners (ex-officio). Standing Agenda items: - CS Coordinator Report. - CS Partner Report.	Early meetings of the CS Strategic Planning and Implementation Committee commenced processes to enable decision-making from the pilot project findings and recommendations. Timely feedback about CS implementation and supervisor training was essential for monitoring progress, responding to barriers, and strengthening enablers.

Method	Findings	Analysis
Responses to the routine CS supervisor program evaluation completed at the conclusion of each facilitated workshop Day 3, Day 6, Day 8. - included feedback comments for managers.	Irrespective of the training group (and timing of the evaluation) participants highlighted the value of CS, the need to practice supervisor skills between facilitated workshops, and recommended ACT Health implement CS more widely to support and develop the workforce. **See Appendix 1**	The findings were consistent with other data sources and add strength to the feedback and recommendations for CS implementation.
Monthly online survey for supervisors - quantitative and qualitative data.	CS offered by trained supervisors: individual and group CS; challenges and enablers. **See Appendix 2**	The online survey was a useful tool to progressively track CS implementation at a grass-roots level. An improved response rate will provide a more accurate picture.
CS Forum Report (Forum facilitated by external project partner and CS Coordinator on 1 June 2021). Collated results of a small group activity (mix of nurses, midwives, allied health) to identify requirements and resources for the next 12-months of CS implementation; CS supervisors unable to attend had the opportunity to provide any additional suggestions (no further suggestions received). Verbal feedback and written CS Forum participant evaluation questionnaire.	16 participants (15 full day); mix of nurses, midwives, and allied health professionals. Three small groups identified common areas of focus to support CS implementation: -governance -access for supervisees -marketing and promotion -maintaining connectedness and ongoing support for supervisors -quality improvement and research -other implementation drivers. 100% agreement re CS Forum benefits – participants enjoyed work on CS implementation and reconnecting/connecting with other CS supervisors and the vision for CS. **See Appendix 3**	The CS Forum was a useful strategy for obtaining input from CS supervisors about strategies, processes, and resources to promote implementation of CS. The consistency of areas for focus and recommendations irrespective of each small group increased confidence in the CS Forum outcomes. Collaboration and connectedness at the CS Forum furthered relationships and motivation to remain engaged in CS implementation.

Recommendations

Project Findings	Recommendations
[List project result that have potential for improvement]	*[Provide recommendations for further improvements that can be achieved]*
Outcome 1. Education of nurses and midwives as CS supervisors	
1.1 Limited knowledge about CS, the role and responsibilities of supervisees, supervisors, and the organisation prior to commencement of learning as a supervisor. Use of an Expression of Interest to determine applicants for training group intakes was more effective than line manager selection.	-Extend education for managers and potential supervisees/supervisors about the Joint Position Statement on CS, CS supervisor training requirements and time implications. -Continued use of an EOI application process aligned to recommendations of the supervisor training provider.
1.2 Challenges for trainee supervisors to gain release time to complete the required number of CS sessions in the workplace for the practical component of the training program.	-ACT Health CS Framework for nurses and midwives, and inclusion of education requirements in Education Frameworks. -Executive and unit managers' support and facilitation of the release time for trainee supervisors to provide/receive CS between training workshops, and implementation of CS after completion of the training program.
1.3 Attrition of trained supervisors – due to change in operational role/requirements, leaving ACT Health, maternity leave, unplanned leave or postponed pending professional development.	-Support for further CS supervisor training programs to ensure a gradual increase in the number of supervisors available to meet the demand for CS. -Identification of MHNs or other nurses/midwives with existing experience and/or interest in CS who potentially could undertake supervisor training.
1.4 Ongoing support and development of supervisors is needed to gain proficiency and expertise and build the culture and sustainability of CS in ACT Health.	-CS supervisors receive monthly CS, and follow-up by CS Coordinator. -Ongoing education of CS supervisors who have completed the foundational training program to embed and increase skill development.
1.5. Maintain and extend motivation for CS implementation through connections between CS supervisors from different training groups	-Mixed training groups of nurses, midwives, allied health practitioners. -Build an ACT Health CS community of practice for peer support and shared learning, including further CS Forums and links with the Australian Clinical Supervision Association.

Outcome 2. Clinical Supervision Coordinator 2-days/week	
2.1 Limited time for CS Coordinator responsibilities across all CHS Divisions and CPHB including education about CS, and support for CS supervisors, yet the role was considered essential for CS implementation.	-Extend CS Coordinator hours and gradually increase to a full-time position over time.
2.2 Large amounts of data collected from online survey via Survey Monkey due to platform access difficulties across services	-Review of data collection needs for next 12 months, including processes to increase the response rate about the number of CS sessions provided. Explore compatibility for online access from any ACT Health nursing and midwifery work unit. Focus data collection on CS provided, received and cancellations.
2.3 Increasing CS supervisor/supervisee matching/coordination needed over time	-Develop a database of CS supervisor availability and current load, and potential supervisees. Collaboration to link with an existing list of supervisors (MHJADS; AH). -Maintain awareness of supervisor capacity.
Outcomes 3. Implementation of CS in CHS and CPHB for nurses and midwives	
3.1 Understanding of CS, differences with other types of professional development and support.	-Completion of an ACT Health CS Framework for nurses and midwives aligned to the ACMHN, ACN, ACM (2019) Position Statement on CS. Collaboration with Allied Health.
3.2 Dedicated time to provide/receive CS in the operational context.	-ACT Health CS Framework. -Operational executive and managers gain a clear understanding of CS and a commitment to the operationalising of CS via information sessions, and engagement in CS education. -Development of local strategies for implementation through collaboration between CS supervisors and line managers; Identification of areas that are most ready for CS implementation.
3.3 CS supervisors are supported, connected, and not overwhelmed by requests for CS.	-Monthly CS for supervisors, including the option of external CS if required. -Maintain and extend support by CS Coordinator -Ongoing review of supervisor well-being, learning needs, and capacity. -CS Forums 2-3 times/year and maintenance of connections with the CS training providers.

Outcome 4. Identification of strategies, processes, and resources to enable decision-making for the next stage of CS implementation	
4.1 Governance CS Strategic Planning and Implementation Committee - Chair: CNMO. CS Working Parties – led by CS Coordinator.	-Optimise CS Strategic Planning and Implementation Committee functioning and input by all members/delegates to enable effective review of operational challenges and enablers for implementation and aid subsequent decision-making. -Utilise Working Parties and Coordinator contact with supervisors to gain feedback on areas of focus for implementation decisions and provide support and responsiveness to local area needs.
4.2 Development of an overarching ACT Health CS Framework for nurses and midwives to provide clarity about CS for supervisees, supervisors, and managers consistent with the Joint Position Statement on CS by ACMHN, ACN, ACM (2019).	-CS Framework development led by the CS Coordinator in collaboration with the project partner. Review by CNMO, CS Strategic Planning and Implementation Committee, and key stakeholders. Education about CS Framework. -CHS and CPHB develop a CS policy/guideline aligned to the ACT Health CS Framework.
4.3 Continue to develop and improve to access to CS for supervisees.	-Targeted recipients/areas identified for next implementation phase. Consider options for flexibility in CS delivery – F2F, phone, online. -Determine the minimum commitment of supervisors and supervisees for CS. -Feedback of CS evaluation to generate interest.
4.4 Measure amount of CS provided/received by CS supervisors and effectiveness for supervisees.	-Increase completeness of monthly data provided by CS supervisors about CS activity. -Standardised tool for evaluation of CS by supervisee. Feedback from supervisors and managers re implementation progress.
4.5 Promotion of CS	-Development of online resources about CS and how to access CS supervisors. -Development of CS advocates/champions from suitable CS supervisors and managers. -Inform and engage ANMF (ACT) and other potential partners. Presentation of outcomes of CS at all levels internal and external to ACT Health including symposiums/conferences.
4.6 Funding and resources	-Align CS to other workforce initiatives and explore options for research and other partnerships for funding opportunities.

Lessons learned from undertaking the CS Pilot Project

Project Lessons Learned	Recommendations
[List lessons learned from the project. Consider planning, management, monitoring of the project]	*[Provide recommendations based on activities/plans that went well and derailed the project]*
The pilot achieved its aims and objectives due to the vision and commitment of the CNMO and key stakeholders, enthusiasm of trainee supervisors, engagement of a CS Coordinator, and support from facility managers.	Continued development of collaborative relationships as a key priority to enable effective progress towards the goal of CS implementation. Maintain and extend the CS Coordinator role and gradually upscale CS access for nurses and midwives over time.
Regular meetings and communication between CNMO, CS Coordinator and external project partners was essential to the achievement of project milestones.	Optimise all communication processes and reporting.
Project underway for 4 months before the CS Coordinator role was established. Work on Project Management Plan and other governance documentation reduced time available to support CS supervisor development and the introduction of CS to workplaces	Prioritise strategic planning. Commencement of a dedicated Coordinator at the beginning of projects.
Delayed commencement of CS Strategic Planning and Implementation Committee with CHS Exec and CPHB representation	Early establishment of a committee for collaboration of stakeholders to support operationalisation of the project.
Use of an EOI process to determine suitable participants for CS supervisor training was effective. Areas where CS implementation was actively supported by managers were more able to provide CS.	Continued use of an EOI process for selection of CS supervisor training participants. Prioritise areas for implementation where there is support by line-managers and interest in CS by staff with leadership qualities.
Online data collection provided an effective process to monitor the project progress, however improvements needed to increase the response rate. Feedback from supervisees and managers not collected in the project.	Improve monthly data collection responses to provide an accurate snapshot of CS implementation. Extend evaluation to supervisees and managers. Explore research opportunities.
Commencement of the project in parallel with CS supervisor training enabled a core body of staff who were enthusiastic and dedicated to CS implementation. Isolation from peer supervisors and the inability to provide CS due to operational constraints is a major risk to successful implementation of CS.	Utilise and support motivated champions of CS for collaboration and development of strategies to further CS implementation. Optimise CS Coordinator availability to support all CS supervisors and prioritise development of a CS Community of Practice.
The CS Forum was a successful strategy to gain 'grass-roots' input into strategic planning, build motivation, knowledge, and networking.	Offer a CS Forum or similar opportunity 1-2 times/year for all CS supervisors to gather and provide input to future directions of CS.

Conclusion

The 12-month Clinical Supervision Pilot Project (July 2020 – June 2021) achieved the project aim of ascertaining the strategies, processes and resources needed to introduce Clinical Supervision into the practice of nurses and midwives in ACT Health. All objectives of the project were met, and project outcomes inform decision-making about a second stage of implementation to achieve the long-term goal of increasing access to CS for ACT Health nurses and midwives.

Recommendations in this report incorporate the findings from a high level of converging evidence. The key recommendations of continued governance by the CS Strategic Planning and Implementation Committee and funding for the CS Coordinator position, development of an ACT Health Clinical Supervision Framework for nurses and midwives, and the ongoing education and support of supervisors, provide a strong basis for ongoing work to optimise the broader implementation of CS. In addition, the finding that CS was an effective and useful strategy to support and develop nurses and midwives indicates immediate benefits were gained by staff able to access CS. Interest by supervisees and managers in implementation of CS increased over the period of the project. The project outcomes were significant, resulting in continuation of CS implementation after completion of the pilot.

Collaboration occurred at multiple levels during the CS Pilot Project and was central to the achieved outcomes in a climate of change and workforce challenges. The ACT Health nursing and midwifery partners included: the Chief Nursing and Midwifery Officer, Clinical Supervision Coordinator, and Executive managers from Canberra Health Services and Calvary Public Hospital Bruce. Support and guidance by external CS consultants/training providers (Clinical Supervision Consultancy), and input from Allied Health Services (Chief Allied Health Officer and Allied Health CS Coordinator) contributed to the success of the pilot. Of note is the motivation and enthusiasm of the supervisor training participants, with feedback provided via the training program evaluations, monthly online survey and CS Forum ideas enabling evaluation of the CS Pilot Project. This was essential to CS implementation during the project, and foundational for future evaluation and research.

Appendix 1: CS Supervisor Training Evaluation

1. METHOD

Participants were invited to complete a routine program evaluation questionnaire at the end of each of the workshops within the 8-day CS supervisor training program (i.e., at the conclusion of Day 3, Day 6, and Day 8). Participants were asked to rate different aspects of the program and provide free text answers to questions as outlined below.

1.1 Program Facilitation (5-point Likert Scale: 1=poor; 5=excellent)
Questionnaire Items:

- Facilitation/presentation skills
- Facilitators' knowledge of the subject
- Creation of a positive learning environment

1.2 Training (5-point Likert Scale: 1=strongly disagree; 5=strongly agree)
Questionnaire Items:

- Content informative
- Relevant to my role
- My knowledge about clinical supervision has increased
- I have learnt new skills which will assist me facilitate clinical supervision
- The practice sessions were useful
- The discussion following the practice sessions extended my learning
- I would recommend this training program to my colleagues
- The training program met my expectations

1.3 Comments - learning and impact

Participants were asked to provide additional information about their learning experience by responding to the following questions in free text:

- How did this training program impacted on your confidence in applying different techniques that can be used in clinical supervision?
- What did you learn from the practice sessions and subsequent discussion?
- What recommendations would you make to improve this training workshop?
- How has this training impacted on you and/or altered how you undertake your professional role?
- What arrangements are in place for you to have regular supervision as a supervisee? What supervision do you expect to undertake in the supervisor role on completion of this training program (facilitation of individual or group CS sessions)?
- Any additional comments for the training facilitators?
- Any comments to your manager/organisation about your experience of the training program and/or other feedback?

1.4 Techniques/Outcomes

Participants were asked to rate their response to 12 questions about confidence as a supervisor and in the use of specific techniques during CS, comfort as a supervisee, and implementation of learning. A 5-point Likert Scale was used: 1=not at all; 2=small extent; 3=moderate extent; 4=large extent; 5=very large extent. Participants could also add comments about the rating responses (Table 1).

Table 1: Routine program evaluation questions on use of techniques and outcomes of CS.

	Evaluation Question
1.	To what extent do you feel confident to supervise clinical supervision (supervisor)?
2.	To what extent do you feel comfortable to be supervised (supervisee)?
3.	To what extent do you feel confident to use Role Theory/role analysis?
4.	To what extent do you feel confident to use concretization techniques (eg. Play of Life; 2D figures)?
5.	To what extent do you feel confident to use the empty chair technique?
6.	To what extent do you feel confident to use the assertive statements technique?
7.	To what extent do you feel confident that you will offer clinical supervision in the next 3 months?
8.	To what extent do you feel confident that you will organize your own supervision within the next 3 months?
9.	To what extent will you enable/encourage other staff to receive supervision?
10.	To what extent will you enable/encourage other staff to attend a supervision workshop?
11.	To what extent do you feel confident to facilitate a presentation/ in-service on clinical supervision?
12.	To what extent do you consider your learning will positively impact on your overall professional practice?
13.	Comments re: responses

De-identified evaluation questionnaire responses were collated by the training program facilitators at the conclusion of each workshop, and provided to group participants, the CS Coordinator, and Chief Nursing and Midwifery Officer. Participants could also provide the evaluation to their manager.

2. TRAINING PROGRAM EVALUATION RESULTS

An overview is provided of the program evaluation results due to space constraints associated with this report. More detail is provided about increasing confidence as a CS supervisor and comfort as a supervisee (contributing to supervisor development) to highlight the progression of learning over time.

2.1 Program facilitation, training approach and supervisor development

The program facilitation and facilitator knowledge was highly rated by participants, as supported by free-text comments. On the 5-point Likert Scale (0=poor; 5=excellent), the facilitation was rated as 5 (70-100% of responses) or 4 (8%-30% of responses), and facilitator knowledge as 5 (mean: 93%) or 4 (mean: 7%) across all workshops and training groups. Likewise, there was a high level of agreement

to all statements about the training program. For example, development of knowledge and skills, and the usefulness of practice session, was rated as 'agree' or 'strongly agree' across all groups as summarised below (Table 2).

Table 2: Rating of knowledge, skills, and the benefits of practice sessions

ITEM	Rating (1=strongly disagree; 5=strongly agree)	% Responses end of 1st workshop	% Responses end of 2nd workshop	% Responses end of 3rd workshop
My knowledge about clinical supervision has increased.	4 - agree	0%-21%	0%-20%	18%-33%
	5 - strongly agree	79%-100%	80%-100%	67%-82%
I have learnt new skills which will assist me facilitate CS.	4 - agree	9%-11%	10%-33%	8%-25%
	5 - strongly agree	79%-91%	67%-90%	75%-92%
The practice sessions were useful.	4 - agree	7%-9%	8%-30%	0%-33%
	5 - strongly agree	91%-93%	70%-92%	67%-100%

In addition, the participants perceived the learning environment to be positive and felt able to ask questions and contribute to group discussion. Participants valued the shared learning and group learning experience.

Representative comments

- *Thank you for providing a safe and friendly learning environment*
- *I was able to put knowledge and thoughts into words and actions in a safe 'practice' environment*
- *The training you provide is invaluable and the dynamic you both have makes for a restorative, productive and fun environment*
- *The experience is similar but always different for everyone. Openness to hearing differences has increased my capacity to understand others*
- *Many in the group had the same challenges*
- *Shared reflections led to greater sense of shared experience*
- *Benefits from others' perspectives and observations*
- *Discussion helped reinforcement of concepts and techniques. Happy I was on the right track*
- *Group discussion clarified the theory. Made sense of the theory. Increased confidence*
- *The nature of the workshops, home-tasks, spaced out timeframes led to good reflection and learning, and a wonderful group experience.*

2.2 Confidence as a supervisor

Most participants had no/limited knowledge of CS or skills as a supervisor before undertaking the program. Results demonstrate confidence was gained during the first workshop and continued to increase over time. Confidence was rated at large/very large by 85% of participants by the final day.

Table 1: Confidence as a supervisor – self assessment at the conclusion of each workshop

CS supervisor training group (Number of participant responses)	**RATING OF CONFIDENCE AS A SUPERVISOR**				
	1 not at all	**2** Small extent	**3** Moderate extent	**4** Large extent	**5** Very large extent
Conclusion of first workshop (Day 3)					
Group 1: Midwives & nurses Canberra Health Services (12)			58%	42%	
Group 2: Midwives & nurses Calvary Public Hospital Bruce (10)		10%	30%	30%	30%
Group 3: Allied Health CHS & CPHB (14)		7%	29%	50%	14%
1st workshop MEAN:		**6%**	**69%**	**41%**	**14%**
Conclusion of second workshop (Day 6)					
Group 1: Midwives & nurses Canberra Health Services (12)			8%	92%	
Group 2: Midwives & nurses Calvary Public Hospital Bruce (10)			30%	50%	20%
Group 3: Allied Health CHS & CPHB (13)			15%	54%	31%
2nd workshop MEAN:			**17%**	**66%**	**17%**
Conclusion of third/final workshop (Day 8)					
Group 1: Midwives & nurses Canberra Health Services (10)			10%	50%	40%
Group 2: Midwives & nurses Calvary Public Hospital Bruce (12)			25%	67%	8%
Group 3: Allied Health CHS & CPHB (10)			10%	70%	20%
3rd/Final workshop MEAN:			**15%**	**63%**	**22%**

As evident in Table 1, confidence as a CS supervisor increased over time irrespective of the training group. The self-rating of confidence on the 5-point Likert scale aligned to written comments in the evaluation questionnaire.

Representative comments about the building of confidence

- *I love that the training is practical and engages experiential learning*
- *It has given me the confidence to implement different skills and techniques into my CS sessions*
- *I have gained many skills and knowledge in the course and the facilitators delivered the content in a way which was easy to understand*

- *Increased confidence and skill in providing clinical supervision, and highlighted the importance of seeking out my own supervision*
- *Increased confidence and competence*
- *Confidence has increased with each session. Great to come back to the group, learn more, and continue to practice*
- *Comprehensive training that has built and supported my confidence to provide CS*
- *Practical practice sessions*
- *The pace and structure of the program has enhanced my knowledge in a staged way which builds upon itself and increased confidence along the way*

The series of three facilitated workshops, and practice of skills in the workplace between workshops, contributed to building confidence and competence over a period of 6 months. Participants identified practice of skills through providing and receiving CS was essential for development.

2.3 Comfort as a supervisee

Most participants had not experienced being a supervisee before the first training workshop. Results demonstrate comfort to be supervised was high at the end of the first three days and remained consistent at this level (89-91% rated large/very large level of comfort). CS was predominantly facilitated by peer learners providing an indicator of supervisor skill development.

Table 2: Comfort as a supervisee – self assessment at the conclusion of each workshop

CS supervisor training group (Number of participant responses)	**RATING OF COMFORT AS A SUPERVISEE**				
	1 not at all	**2** Small extent	**3** Moderate extent	**4** Large extent	**5** Very large extent
Conclusion of first workshop (Day 3)					
Group 1: Midwives & nurses Canberra Health Services (12)			17%	33%	50%
Group 2: Midwives & nurses Calvary Public Hospital Bruce (10)			10%	40%	50%
Group 3: Allied Health CHS & CPHB (14)			8%	78%	14%
1st workshop MEAN:			**11%**	**53%**	**36%**
Conclusion of second workshop (Day 6)					
Group 1: Midwives & nurses Canberra Health Services (12)			17%	50%	33%
Group 2: Midwives & nurses Calvary Public Hospital Bruce (10)			20%	70%	10%
Group 3: Allied Health CHS & CPHB (13)				54%	46%
2nd workshop MEAN:			**11%**	**57%**	**32%**
Conclusion of third/final workshop (Day 8)					
Group 1: Midwives & nurses Canberra Health Services (10)			10%		90%
Group 2: Midwives & nurses Calvary Public Hospital Bruce (12)			17%	50%	33%
Group 3: Allied Health CHS & CPHB (10)				60%	40%
3rd/Final workshop MEAN:			**9%**	**38%**	**53%**

Representative comments about the experience and impact of being a supervisee

The willingness of participants to engage in CS as a supervisee, using a self-identified area for reflection, resulted in increased self-awareness and knowledge as a supervisor. Participants identified their experience of CS as a supervisee had a significant impact on personal and professional development. In addition to skill development as a supervisor, participants expected use of new skills would have a positive impact on the workplace.

- *I see the training as very enlightening process and it is very nurturing to my professional role*
- *Increased confidence and gained more skills to undertake various roles in professional life*
- *It has changed/improved how I respond to people every day; I don't have to fix everything*
- *Increased skills in my everyday colleague conversations*
- *It has helped me to 'pace' and structure my responses and approach to communicating*
- *Positive impact – dealing with issues in the workplace and how to assist staff*
- *Transferable skills that I can incorporate into my current role*

2.4 Feedback for the organisation/managers on the learning and impact

The routine program evaluation included a section for participants to provide feedback to managers/ACT Health about their learning experience and recommendations. An appreciation for the opportunity to undertake the foundational CS supervisor training was clear. In addition, participants provided positive feedback about CS as a strategy to support and develop ACT Health staff and viewed CS as a contributing factor to improvements to practice and communication. Continued investment in CS was recommended to maintain and extend gains from the pilot project.

Representative comments

Appreciation for the learning opportunity

- *I want to sincerely thank ACT Health for providing this opportunity*
- *My manager has been very supportive with my time to attend*
- *Thankyou. This is exactly what our workforce needs to get out of the slump and be our best selves*
- *Extremely valuable training program with very knowledgeable, experienced facilitators*
- *Overall, a great concept and programme*
- *Will be beneficial for staff*
- *This has changed my life! It provides me with direction to complete a PhD. Thank you*
- *Highly recommended*
- *It has been wonderful to invest in my own learning and I am keen to share this/ act as a resource for others.*

ACT Health

Implementation needs and the value of CS for the nursing and midwifery workforce

- *CS has significant benefits and should be supported in its implementation*
- *The training is valuable, but we need to be able to easily facilitate and access the supervision*
- *Everyone needs CS in their work life – but we need the best of supervisors to make it work well*
- *CS is very important for healthcare staff. It is a very purposeful and inspiring process*
- *Recognise need to promote CS sessions happening at the workplace*
- *Availability of time – allocation is needed*
- *I would encourage my manager to identify and advocate for more staff to undertake this training, especially the clinical educator or supervisors who have many supervisees*
- *Thank you for providing the time to attend. Further training of supervisors in community care would be beneficial*
- *Good experience and beneficial for team members and senior staff members to prevent 'burnout' and shift blockages/barriers*
- *Valuable and worthwhile in spades – thank you for the investment and support*
- *This has been highly valuable, and the sustainability and continued investment needs to be prioritised to maintain inspiration, enthusiasm, and passion → and positive impact*

Appendix 2: Monthly Online Survey on CS implementation - Quantitative and Qualitative Results

1. METHOD

Participants of the supervisor training program were asked to complete an online survey questionnaire via SurveyMonkey© about implementation of CS (October 2020 – June 2021) for data pertinent to each calendar month. Questions about barriers and enablers arose from questionnaire responses by managers and potential supervisor training participants at several information sessions about CS implementation prior to commencement of the pilot project.

Monthly online survey questions

- What supervisor training group are you from?
- What were the number of CS sessions you PROVIDED?
  - How many were individual CS sessions? How many were Group CS sessions?
  - If Group CS, what was the total number of supervisees for the month? (April – June 2021)
  - What barriers did you encounter when providing CS?
  - What enablers assisted you to provide CS?
- What were the number of CS sessions you RECEIVED?
  - What barriers did you encounter in receiving CS?
  - What enablers assisted you to receive CS?
- Were any sessions you planned to provide/receive CANCELLED?
  - If yes, how many were cancelled and what was the reason?
- Have you noticed any differences in barriers or enablers to implementing CS? (Jan - June 2021)
- Is there any other feedback about providing or receiving CS? (Jan – June 2021)

Survey items for barriers to providing/receiving CS

- Time
- Lack of suitable space to access or provide CS
- Supervisee unable to make the appointed time for CS
- Lack of understanding of, or support for CS to enable release of supervisor/supervisee for CS
- Last minute changes in the supervisor/supervisee's schedule that were felt to be more important than CS

Survey items for enablers to providing/receiving CS

- Organisational support
- Supervisor/supervisee had previously engaged in CS and knew of the benefit
- Personal motivation and enthusiasm
- Supervisor/supervisee had been asking for CS
- First line managers wanting staff to be supported and able to receive CS
- Colleagues and/or managers understand and support the process of CS used in the training of supervisors

'Temperature Check' – supervisor feelings and suggestions about CS implementation

- In the past week, how have you been feeling about CS?
  - Rating: very negative; negative; neutral; positive; very positive
  - Is there another word to describe how you feel?
  - Any other details about how you have been feeling?
- If you had a magic wand, what would you change in the past month about providing/receiving CS?
- In lieu of being able to use a magic wand, what is one strategy you can have a "red-hot-go at" that could help to overcome your barriers or enhance your available enablers to providing/receiving CS?
- Anything else you want us to know about providing/receiving CS in the past week?

The CS Coordinator and CS supervisor training provider encouraged completion of the monthly online survey. Progressive reports on the findings were provided to the Chief Nursing and Midwifery Officer, and the CS Pilot Project Strategic Planning and Implementation Committee to assist monitoring and support for CS implementation.

The findings from the online survey, together with the supervisor training program evaluation (Appendix 1) and recommendations from the CS Forum on 1 June 2021 (Appendix 2), provide the background and evidence for the Recommendations made in this Evaluation Report.

2. NUMBER OF CLINICAL SUPERVISION SESSIONS

Three participants who commenced did not complete the learning program in the timeframe and not all participants completed the survey. The monthly survey response rate, based on 34 participants who completed training, ranged from 5 – 27 responses (15% - 79%).

2.1 Number of Clinical Supervision Sessions PROVIDED (Table 1)

- Individual (1:1) Clinical Supervision: **281 sessions**
- Group Clinical Supervision: **46 sessions**
- Total number of Clinical Supervision sessions: **327 sessions**

Table 1: Number of CS sessions provided by CS supervisors (October 2020 – June 2021)

MONTH	Number/% of Survey Responses	Responses per Training Group*	Individual CS Sessions Provided	Group CS Sessions Provided	Total CS Sessions Provided	Average CS sessions per supervisor
October	23 (68%)	CHS=7 CPHB=7 AH=9	51	5	**56**	2.4/month
November	27 (79%)	CHS=8 CPHB=9 AH=10	66	7	**73**	2.7/month
December	9 (26%)	CHS=2 CPHB=3 AH=4	14	0	**14**	1.5/month
January	16 (47%)	CHS=5 CPHB=7 AH=4	21	3	**24**	1.5/month
February	24 (71%)	CHS=8 CPHB=8 AH=8	38	8	**46**	1.9/month
March	16 (47%)	CHS=4 CPHB=6 AH=6	27	10	**37**	2.3/month
April	19 (56%)	CHS=4 CPHB=9 AH=6	37	6	**43**	2.3/month
May	10 (29%)	CHS=5 CPHB=1 AH=4	21	5	**26**	2.6/month
June	5 (15%)	CHS=0 CPHB=5 AH=0	6	2	**8**	1.6/month
Total CS sessions provided October 2020 – June 2021 from responses			281	46	**327**	

*CHS – Canberra Health Services: nurses and midwives; CPHB – Calvary Public Hospital Bruce: nurses and midwives, including 2 nurses from CHS; AH – Allied Health: CHS & CPHB

2.2 Number of supervisees in GROUP CLINICAL SUPERVISION (April 2021 – June 2021)

In the last 3 months of the CS Pilot Project, data were collected about the number of supervisees in group CS (Table 2).

Table 2: Number of supervises in group CS (April 2021 – June 2021)

MONTH *Question not asked Oct 2020 – Mar 2021	**Number of respondents**	**Number of group CS sessions**	**Total number of supervisees**	**Average supervisees/ group**
April	19	6	36	6/group
May	10	5	19	3.8/group
June	5	2	9	4.5/group
	TOTAL:	**13 groups**	**64 supervisees**	**4.9/group**

A group size of 4-6 supervisees was in line with recommendations provided by the supervisor training provider. From responses received during the 3-month period (October 2020 – June 2021), group CS enabled 51 more people to attend CS, than if provided by an individual session - a total of 378 supervisees. Allied Health practitioners provided more group sessions, mainly due to prior experience with group CS, however other supervisors also started to explore this mode as their confidence increased.

2.3 Number of planned CS sessions to be provided by supervisors that were CANCELLED (Table 3)

Table 3: Number of planned CS sessions cancelled (December 2020 – June 2021)

MONTH *Question not asked October & November 2020	**Number of respondents**	**Number of sessions booked**	**Number of cancelled sessions**	**% sessions to be provided cancelled**
December	9	16	2	12%
January	16	30	6	20%
February	24	53	7	13%
March	16	47	10	21%
April	19	83	10	12%
May	10	41	1	2%
June	5	16	1	6%
	TOTAL:	**286**	**37**	**13%**

Action was taken to schedule CS even though 13% of planned sessions did not occur. The number of CS sessions cancelled (Table 3) does not provide specific data about who initiated the cancellation. However, the qualitative data (presented under barriers to CS implementation) indicates that some sessions were cancelled by supervisors in addition to cancellations by supervisees. This was predominantly due to clinical requirements and staffing levels.

2.4 **Number of clinical supervision sessions RECEIVED**

Participants of the supervisor training program received CS as a supervisee in addition to providing CS as a supervisor. These sessions were provided by peer supervisors and were therefore part of the data of number of CS sessions provided. While the data is incomplete, a total of **116 sessions** were received by supervisors who completed the survey (Table 4) providing an indication of the success of supervisors in accessing CS for support and development.

Table 4: Number of CS sessions received by supervisors (October 2020 – June 2021)

MONTH	Number of respondents	Number of sessions received	Average number sessions/month
October	23	19	0.8/month
November	27	38	1.4/month
December	9	4	0.4/month
January	16	7	0.4/month
February	24	18	0.75/month
March	16	16	1.0/month
April	19	9	0.5/month
May	10	3	0.3/month
June	5	2	0.4/month
TOTAL CS sessions received by supervisors		**116**	

Supervisors were expected to receive supervision at least once a month. While undergoing training, this was likely to be greater as peer learners participated in the required sessions between facilitated workshops to enable skill development. In October, November, February, and March a higher number of supervisors received their own supervision. Qualitative data indicated annual leave was an influencing factor in a reduction in sessions during December/January. Supervisors were also affected by the time and energy to provide CS in an organisational context of high acuity and workload in other months.

3. BARRIERS AND ENABLERS TO PROVIDING CLINICAL SUPERVISION

Quantitative and qualitative data is presented together in Section 3.1 (Barriers), Section 3.2 (Enablers), and Section 3.3 (Participants' feelings about CS implementation).

3.1 Barriers to providing CS

Table 5: Barriers to providing CS

MONTH (respondents)	Time	Lack of space	Supervisee unable to attend	Lack of support for release of supervisee	Lack of support for release of supervisor	Last minute priority given to other work	Other Comment*
October (23)	68%	18%	6%	-	-	12%	-
November (27)	78%	35%	22%	4%	-	13%	17%
December (9)	43%	14%	-	-	-	-	57%
January (16)	54%	15%	8%	-	8%	-	38%
February (24)	67%	5%	14%	-	5%	10%	33%
March (16)	60%	7%	40%	-	-	-	33%
April (19)	28%	17%	28%	-	-	-	50%
May (10)	54%	15%	54%	-	-	15%	31%
June (5)	50%	25%	25%	-	-	25%	50%

*Respondents provided an additional reason or more detail

3.1.1 Limited time for CS

Time to provide CS was found to be the greatest barrier to CS implementation. Lack of support for the release of the supervisee or supervisor was not strongly evident in the quantitative data, however the options of 'supervisee unable to attend' and 'last minute priority given to other work' could have influenced this finding. Supervisors/supervisees on planned and unexpected leave or secondment also had an impact.

Competing priorities for supervisees and supervisors due to the clinical workload

- *I have had to cancel a number of sessions due to clinical requirements; My area is very stretched at present due to staff shortages. Very noticeable at the moment, particularly with the number of booked but cancelled sessions I had (*Nov.)
- *Working hard to provide it but patient acuity and sick leave have resulted in several cancellations by supervisees; I have absolutely no time - acuity of job* (Nov.)
- *I had to cancel a session because my workload was too busy – not cancelled by the supervisee* (Jan.)
- *Time is the greatest barrier generally due to low staffing numbers and increased pressure on wards to meet clinical needs; Mainly time/capacity. Very, very busy* (Mar.)
- *Have not provided or received supervision this month due to clinical caseload* (May)

Scheduling CS – finding time

- *Unfortunately, work is 7+ FTE down at present…which makes finding time very difficult* (Oct.)
- *I have devoted time to CS in my own time, which is the only way I can get space to do it, but this is not a good solution* (Dec.)
- *Still awaiting a framework to release people to give or attend supervision. Giving supervision in my own time* (Jan.)
- *Supervisees have been verbally keen for sessions, but have not been proactive in booking them* (Jan.)
- *Difficulty in supervisees finding time to attend clinical supervision, unscheduled leave impacting and the commitment to supervision* (Feb.)
- *Reluctance of some of my supervisees to book ahead and they instead come to me at REALLY short notice and ask for a session; have been on night shift. Just keeping my head above water* (Mar)

3.1.2 Lack or limited understanding of CS

- *I haven't had many people needing to access CS and I think there is a limited understanding around what it is – I have an in-service planned* (Oct.)
- *Most people have no idea what CS is – think it's for junior staff, and they do it by observing people on the floor, so could increase education and awareness* (Nov.)
- *I have realised that this role we are all in is almost one of a salesperson and marketer of clinical supervision, as much as it is of just providing supervision* (Nov.)
- *Noted challenges persuading staff to have the initiative to participate in supervision* (Mar.)

3.1.3 Space for CS

Mental space – busy and exhausted

- *Very, very busy...so haven't given it much thought, but I invariably use the skills I've learned in all interactions (Nov.); I do not have much time to think about it with my busy workload* (Nov.)
- *I have been crazy busy doing new staff orientation, so I have not really had a chance to think about it*; *More time to prepare* (Nov.)
- *2 sessions cancelled due to supervisees forgetting appointment. Neither person notified me of not being available, and they did not provide any contact to re-arrange the appointment* (Nov.)
- *With work being busy, it was hard to put CS to the front of my mind* (Jan.)
- *Getting overwhelmed with change in employment* (Mar); *Too busy and exhausted* (May)

Physical space

- *A dedicated, bookable room or two within our area that can be set up for CS eg. no desk phone, removed from normal office space to minimise interruptions and support psychological safety and confidentiality (*Oct.)
- *A better space to hold supervision in* (Nov.); *Location, location, location: more rooms available* (Mar)
- *Finding spaces where I don't get interrupted is the hardest bit, with all the renovations occurring space is at a premium* (May)

3.2 Enablers to providing CS

Table 6: Enablers to providing CS

MONTH (respondents)	Org. support	Supervisor/ supervisee CS experience & knew benefit	Personal motivation & enthusiasm	Supervisor/ Supervisee had asked for CS	Frontline managers understood CS & wanted CS for staff	The supervisor training process was understood/ supported	Other Comment
October (23)	13%	8%	42%	4%	4%	29%	-
November (27)	54%	62%	65%	31%	23%	31%	8%
December (9)	43%	72%	57%	57%	43%	43%	-
January (16)	23%	62%	77%	54%	15%	23%	-
February (24)	30%	60%	60%	55%	15%	20%	-
March (16)	57%	72%	71%	36%	29%	57%	-
April (19)	35%	59%	47%	41%	29%	35%	12%
May (10)	27%	64%	73%	55%	36%	27%	18%
June (5)	100%	100%	67%	33%	33%	33%	33%

All enablers to providing CS were consistently represented over time. The greatest enablers (in equal measure) were that supervisors were personally motivated and enthusiastic, and the supervisor/supervisee had gained personal benefit from CS. This was followed by organisational support and supervisors/supervisees asking for CS. Understanding and support for the supervisor training process, and frontline managers who understood CS and wanted CS for their staff also significantly contributed to enabling CS implementation.

3.2.1 Supervisors who are personally motivated and enthusiastic

Some respondents provided an addition word/s to explain feeling positive (See Table X) in addition to other responses about motivation and enthusiasm.

- *apprehensively very positive* (Nov.)
- *Ebullient* (Dec)
- *Positive, enthused, believe in its worth* (Dec.)
- *Talking with my colleagues who -have come off the recent training it was good to get a break from it all* (workload stress*). Now re enthused* (Jan.)
- *I've been on leave, so haven't done many sessions, however CS is always on my mind. So know the enthusiasm is still there!* (Jan.)
- *Stick with " inspired"* (Feb.); *Inspired by the events of the week* (Feb.)
- *Optimistic* (Mar.)

3.2.2 Time for CS

- *Able to allocate more time to supervision in conjunction with clinical caseload* (Nov.)
- *Work isn't as busy, and we have adequate staffing now* (Jan.)
- *I need to be a little more proactive* (Jan.)
- *Have been able to talk about it bit more in my workplace, had more time to give to it* (Feb.)
- *Multiple positive sessions including groups* (Feb.)
- *I have been more active reminding colleague's that CS is available to them* (March)
- *More people asking about it* (March)
- *Settling into a routine with supervisor* (May)
- *I was able to provide and receive CS, feel so happy about the same* (May)
- *Sessions locked in with my supervisees & getting a schedule makes it feel more organised* (May)

3.2.3 Staff interested, "word is spreading"

- *Staff are showing interest to give CS a go – Jan; More staff are interested in CS as the word is spreading about it* (Jan.)
- *I have received requests by my lateral (other service areas) managers to see if I am available for their staff* (Feb.)
- *Love working with those willing to undertake CS and those that are asking for it now they are seeing others getting it. The word is spreading* (April)
- *In my work area CS is becoming part of some staff's monthly routine and it is being asked for and they are making time to attend* (May)
- *More people wanting CS* (June)

3.2.4 Positive feedback from supervisees

- *I have undertaken a couple of clinical supervision sessions (one on one) and received positive feedback from the supervisee and thought the sessions went well* (Oct.)
- *I have completed one session and it was very enjoyable. I experienced a small amount of success which is spurring me on to complete my next two sessions this fortnight* (Oct.)
- *I have had very positive feedback from my two supervisees and that is very satisfying* (Nov.)
- *I had some really positive feedback for all of us from a person whom I had never met before, about supervision and what we were doing (they had heard from other people in our group)* (Dec.)
- *Staff attending the group sessions, enjoyed them and were happy to engage in future sessions* (Feb.)
- *I've been on leave for 2 weeks, so haven't given it much thought...but having said that, the notion of reflection and CS stays with me wherever I am* (Jan.)
- *I found it helpful having CS following a stressful incident at work (Feb.); My own sessions as a supervisee are helpful* (Feb.)

3.2.5 Supported through engagement in the supervisor training, CS Coordinator, managers, and meetings

- *The training is always very exciting and supportive!* (Oct.)
- *I feel like I will become more excited about it again at the next workshop* (Nov.)
- *My manager allocated some time for me to do CS; My ADON is really supportive* (Nov.)
- *How important Alison's role (Coordinator) is going forward. I think if this role doesn't continue, CS will drift like a rapidly receding tide. We have to keep up the momentum amongst our nurses. Almost like a political campaign* (Nov.)
- *I feel very supported by the Chief Nurses' Meeting and felt privileged to be there* (Feb.)
- *Reinvigorated after Steering Committee Meeting* (March)
- *I had some great meetings and workshops with folks interested in, or already doing CS...and this energised me immensely*
- *Glad to have the continued support of Paul, Christina, Sue, Alison and of course, Tony* (March)

3.3 Supervisor feelings about clinical supervision

Data about supervisor feelings provided evidence that the supervisors' perception of CS as a positive strategy was sustained over time. Supervisors were less positive about implementation when workplace demands impacted on their capacity to provide/receive CS. Most responses from supervisors rated their feelings about CS as 'positive' or 'very positive' on a 5-point Likert Scale (Table 7). Of note was the absence of an overall rating of 'negative' or 'very negative' feelings, even though supervisors identified barriers to CS implementation.

Table 7: 'In the past week, how have you been feeling about clinical supervision?'

MONTH (Total no. of respondents)	Number of Respondents *	Very negative	Negative	Neutral	Positive	Very Positive
October (23)	13	-	-	8%	61%	31%
November (22)	20	-	-	40%	40%	20%
December (11)	10	-	-	30%	70%	10%
January (12)	10	-	-	40%	40%	20%
February (9)	7	-	-	0%	57%	43%
March (13)	12	-	-	33%	42%	25%
April (9)	7	-	-	43%	43%	14%
May (5)	4	-	-	25%	-	75%
June (0)	0	-	-	-	-	-

*The number of respondents excludes responses that did not rate the feeling about CS from very negative to very positive, but rather offered another word as 'neutral' did not encapsulate the mix of feelings (eg. very positive about CS and benefits, but negative about overcoming barriers)

Comments re: feelings about CS

- *Feeling positive. Great opportunities to develop supervision within my profession and teams. Clinical supervision training has developed my confidence in my existing skills, as well as increased my supervisor skills/techniques* (Oct.)
- *I am trying to feel positive although at times when I look through it, it causes me some anxiety* (Oct.)
- *Positive when I'm providing or receiving, a bit negative when considering the barriers around CS I encounter each time I need to encourage folks to receive it or book it in* (April)
- *Some ups and downs but mostly ups regarding providing CS and all that goes with it* (Nov.)
- *I'm invested in it, interested in it, and very pleased that we have a co-ordinator and a pending framework* (Oct.)
- *Frustrated* (Nov. and Feb.)
- *My vibe is everyone is still very committed. My thoughts are we have to find a way of corporately nurturing the providers* (Jan.)
- *I am pretty much at capacity with the number of people I supervise and do my 'real' job properly* (Feb.)
- *I am energised but see the need to continue to have ongoing ways to regroup and reengage in CS and ways of thinking about CS in the ACT. Love that we're going to have small 'hits' of CS training which I'm hoping will keep everyone else energised* (Mar.)
- *The staff are so grateful it makes me happy* (April)

Other insights about CS in the context of workforce stress

- *Distress that I am observing in the staff that I am supervising. I do see significant improvements post supervision but there are so many staff that need it that are not getting it* (Feb.)
- *Personally motivated but feel some trepidation that not everyone can be this way, and I am saddened a little that some may not have the time for CS even though it's needed* (April)
- *The service has loads of distressed staff at the moment that I am not sure that the CS supervision that I can offer is enough* (May)
- *I've noticed when 'the going gets tough', the tough don't go (to supervision). The organisational demand of patient/bed flow first doesn't always lead to understanding the importance of CS in enabling greater resilience when things do get tough* (June).

Although supervisors felt frustrated about CS implementation due to the challenges faced, engagement in CS was a positive boost to feelings about CS. The personal experience of CS, seeing supervisees gain benefit, and meeting with others engaged in implementation, reignited enthusiasm, and motivation for CS implementation.

Appendix 3: CS Forum Recommendations

On 1 June 2021, a 1-day CS Forum held for participants of the three CS supervisor training programs included a group activity where implementation of CS over the next 12-months was considered. The collated ideas resulted in the following recommendations to the CNMO and CS Strategic Planning and Implementation Committee. It was evident from the discussion at the Forum that while there was good will and commitment to CS, participants identified the risk that the gains achieved through the investment to date will not be sustained without focused action and support.

1. **Completion of a CS Framework/Guidelines for ACT Health Nursing and Midwifery in collaboration with Allied Health**
    - Clarity for managers, CS supervisors and supervisees of roles and responsibilities
    - Standardised approach and use of a common language about CS
    - Interdisciplinary; CS not provided by line-manager

2. **Organisational Executive and Managers understand CS and are committed to the operationalising of CS**
    - Education about CS
    - Linking of benefits to other strategies for workforce development and quality care
    - Genuine 'buy-in' to assist with responding to logistical challenges, such as time for CS (supervisors and supervisees) and collaboration to promote best outcomes

3. **Appoint a permanent CS Coordinator**
    - Full-time position
    - Central to implementation and sustainability of CS
    - Liaison and collaboration, education, support

4. **Establish small working parties to progress specific areas for implementation, and link to the Strategic Planning and Implementation Committee**
    - Utilise CS supervisors with particular skills and interests
    - Determine Terms of Reference aligned to the purpose e.g. development of the CS Framework, Evaluation and Research, Promotion

5. **Enable CS supervisors to stay connected and continue to develop skills as a supervisor**
    - Peer support and opportunities for ongoing connections to promote motivation and shared learning
    - Access to CS
    - Opportunities to gather with supervisors

6. **Determine a standard approach to measure the effectiveness of CS and consider opportunities for research**
    - Consider trialling a questionnaire for supervisees, supervisors, and managers in a targeted area
    - Explore potential partners for research

7. **Continue education/training for CS supervisors and managers in 2021/2022**
    - Increase capacity to provide CS
    - Build the culture and sustainability of CS in ACT Health

8. **Promotion of CS**
    - Education about CS, how to access CS supervisors
    - CS advocates/champions
    - Development of online resources
    - Presentation of outcomes at all levels within and external to ACT Health