Clinical Supervision Framework for ACT Nurses and Midwives

Office of the Chief Nursing and Midwifery Officer
ACT Health Directorate

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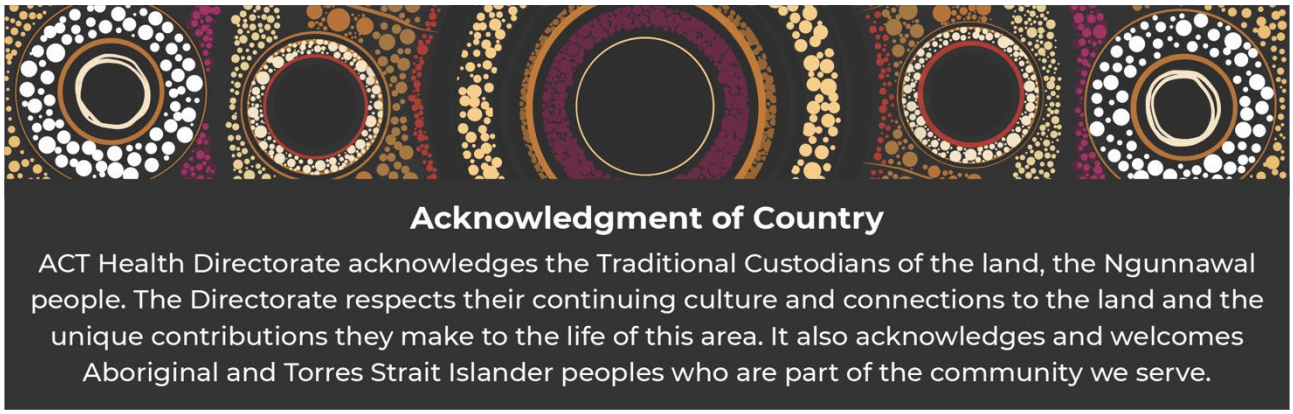

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This document will be reviewed on a 3-yearly basis or following any significant changes to work practices.

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Further Information

For further information about this work please contact Clinical.Supervision@act.gov.au

Developed in partnership with

ACT Health Directorate
Canberra Health Services
Calvary Public Hospital Bruce
Clinical Supervision Consultancy

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ACT Health Directorate

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- Chief Allied Health Officer, Helen Matthews

Clinical Supervision Strategic Planning and Implementation Committee

- Chief Nursing and Midwifery Officer (Chair)
- Chief Allied Health Officer
- CS Coordinators: nursing and midwifery; allied health
- Executive Managers, Canberra Health Services
- Executive Managers, Calvary Public Hospital Bruce
- Representative CS Supervisors and Managers
- External CS Project Partners

Clinical Supervisor Training Participants and Operational Managers

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Clinical Supervision Project Partners: Clinical Supervision Consultancy

- Paul Spurr (Founder & Principal), Sue Harvey (Senior Associate), Christina Cairns (Associate)
- CS education and supervisor training facilitation
- Consultation and liaison
- CS Coordinator and training participant support
- Framework consultant and author: Sue Harvey, RN, RM, MN(Hons)
  (Intellectual property rights are assigned to ACT Health.)

Foreword - the Framework

The Office of the Chief Nursing and Midwifery Officer (OCNMO), ACT Health Directorate is delighted to offer the 'Clinical Supervision Framework for ACT Nurses and Midwives' (the Framework) to enable the implementation and sustainability of effective CS. The Framework provides the vision for all nurses and midwives (in clinical and non-clinical roles) to access CS at all stages of career development. All nurses and midwives aim to provide quality healthcare in a range of settings amidst the challenges and changes of dynamic working environments, ethical dilemmas, interdisciplinary teams and complex care needs. It is well documented that regular protected time to critically reflect, develop and be supported through effective CS brings benefits to individuals and teams, and contributes positively to workforce wellbeing and job satisfaction.

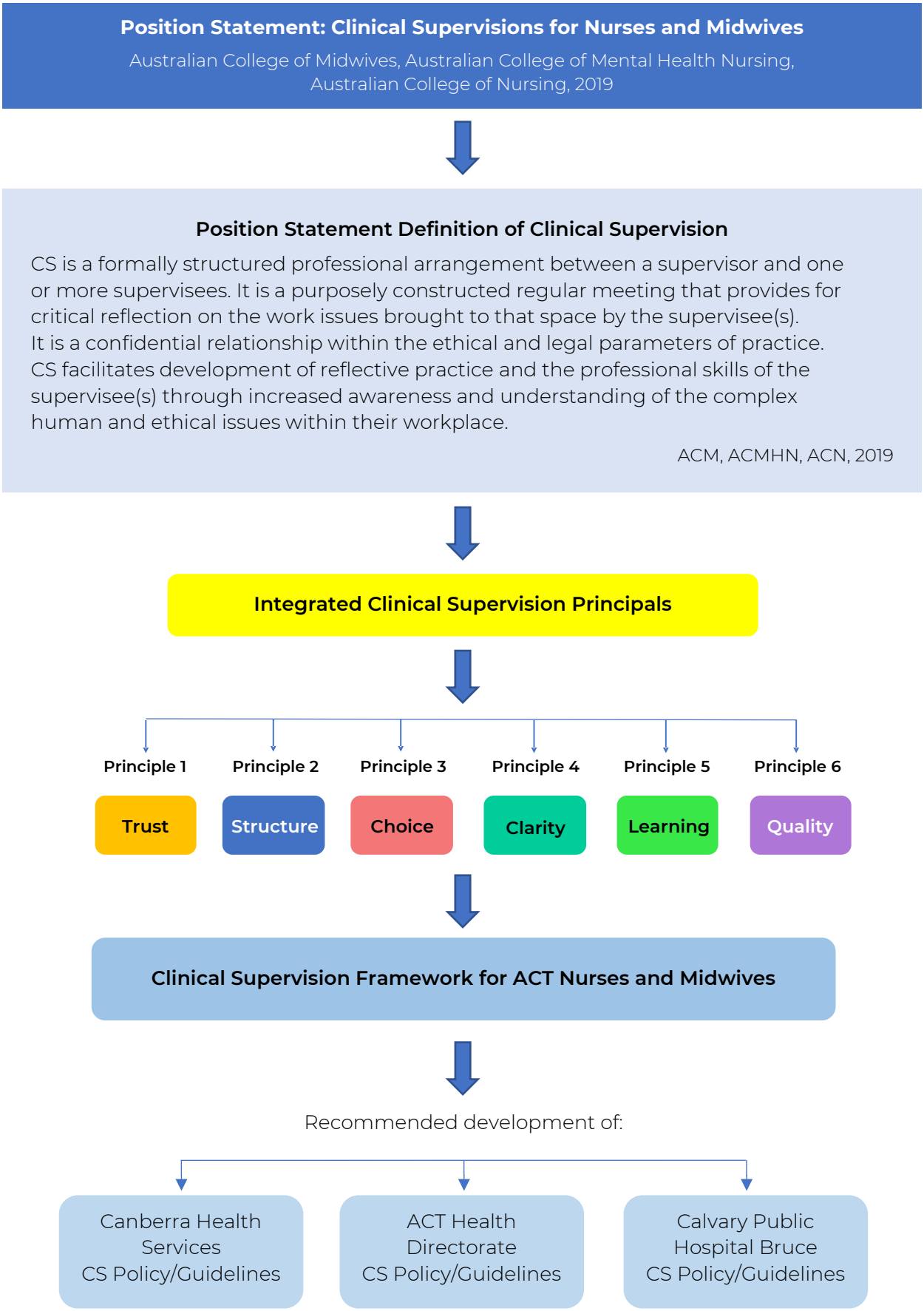
The release of the Position Statement on CS by the Australian College of Mental Health Nurses, Australian College of Midwives and the Australian College of Nursing (2019) cemented CS as a key component of contemporary professional practice. The Framework is an important foundational document to guide the implementation and sustainability of CS for ACT nurses and midwives in line with the Joint Position Statement. This practical resource emerged as an outcome of the CS Pilot Project (July 2020 – June 2021), and ongoing CS Project through collaboration between the ACT Health Directorate, Canberra Health Services, Calvary Public Hospital Bruce, and Clinical Supervision Consultancy (external Project Partners).

The Framework introduces six integrated core principles to guide the operationalising of effective CS – Trust, Structure, Choice, Clarity, Learning and Quality. The development of a CS Policy and Guidelines based on the Framework for nurses and midwives working in Canberra Health Services, Calvary Public Hospital Bruce, and the ACT Health Directorate are expected to enhance clarity and consistency across ACT Healthcare Services.

I would like to thank all members of the ACT CS Steering Committee, including the Nursing and Midwifery CS Coordinators, Chief Allied Health Officer and Allied Health CS Coordinator, the Clinical Supervision Consultancy Team, as well as the Operational Managers, and all those committed to providing and receiving CS as outlined in the Framework. I look forward to the ongoing evaluation and research into the implementation and sustainability of CS over time with further collaboration with allied health and other health professionals towards an interdisciplinary approach.

Anthony Dombkins
ACT Chief Nursing and Midwifery Officer

Figure 1: Flow Chart - Development of the CS Framework for ACT Nurses and Midwives



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Introduction

Vision Statement

All ACT nurses and midwives have access to effective Clinical Supervision as a core component of professional practice and development.

Framework Purpose and Aims

The purpose of the 'Clinical Supervision Framework for ACT Nurses and Midwives' (the Framework) is to enable the implementation and sustainability of effective CS, a workforce strategy focused on professional development and support, for nurses and midwives.

The aims of the Framework are:

1. To formally align ACT public health services with CS best practice as outlined in the 'Position Statement: CS for Nurses and Midwives' and Background Paper (2019).
2. To provide a foundational structure to support the governance of CS and guide development/review of CS Policy/Guidelines by Canberra Health Services (CHS), Calvary Public Hospital Bruce (CPHB), and the ACT Health Directorate.
3. To facilitate a shared understanding of CS and the roles and responsibilities of supervisees, supervisors, operational Managers and organisations to enable promotion of CS and awareness of operational and resource requirements.
4. To enable integration of CS with other ACT Health workforce strategies and initiatives for nurses and midwives within the ACT Health Directorate Strategic Plan 2020-25.
5. To support standardised evaluation of CS effectiveness for nurses and midwives, implementation processes and the impact of CS through continuous quality improvement activities and research.

Scope

This Framework is for ACT nurses and midwives based on the joint Position Statement on CS developed by the Australian College of Midwives (ACM), the Australian College of Mental Health Nurses (ACMHN), and the Australian College of Nursing (ACN), however has applicability to other healthcare professionals. Interdisciplinary collaboration with ACT allied health professionals contributed to development of the Framework (see Appendix 1 – Framework Method).

The Framework is also expected to provide guidance for privately funded nurses, midwives and organisations, external providers of CS, CS education/training providers and tertiary nursing and midwifery education providers.

Framework format

The Framework is arranged in four sections:

- **Introduction**
- **Core Principles of Clinical Supervision**
- **Clinical Supervision Implementation and Sustainability**
- **Conclusion and Recommendations**

Note: Excerpts from the 'Position Statement on CS for Nurses and Midwives' (ACM, ACMHN, ACN, 2019) throughout the document emphasise the Framework's alignment to this key source document. Direct quotes from ACT nurses and midwives are also included to ground the Framework in the local context.

Context

Professional practice context

The following codes, standards and requirements support the Framework:

- National Safety and Quality Health Service (NSQHS) Standards.
- Nursing and Midwifery Board of Australia (NMBA)
  - Code of Conduct for Midwives; Code of Conduct for Nurses.
  - Midwife Standards of Practice; Nursing Standards of Practice.
- Australian Health Practitioner Regulation Agency (AHPRA)
  - Making Mandatory Notifications.
- Australian CS Association (ACSA)
  - Code of Ethics, Code of Practice for Clinical Supervisors.
- International Council of Nursing (ICN) Code of Ethics
- International Confederation of Midwives (ICM) Code of Ethics

ACT Health Directorate Context

The Framework is situated within the remit of the Office of the Chief Nursing and Midwifery Officer (OCNMO) to value and invest in the nursing and midwifery workforce across the ACT, enabling high quality healthcare and workforce wellbeing. The principles of CS and rationale for the Framework are closely aligned to the objective, 'Value our People' in the ACT Health Directorate Strategic Plan 2020-2025:

- Embed the ACT Health Directorate values and a positive, safe culture that promotes wellbeing and work life balance.
- Improve our learning and development framework and support skill development and capability growth across the organisation.
- Review our workforce profile and capabilities, and plan effectively for retention and succession.
- Promote inclusion, increase diversity, and facilitate opportunities for collaboration and innovation.

As such, the Framework is integrated with other contemporary workforce and professional practice initiatives for ACT Health nurses and midwives including: Safewards, Nurses and Midwives: Towards a Safer Culture - The First Step Strategy, the Nurse Practitioner Professional Practice Project, and the Education and Training Project. The Framework demonstrates a commitment to the independent review into workplace culture within ACT public health services commissioned in 2019 by the then Minister for Health and Wellbeing, ACT Government.

Background

In 2020 the Chief Nursing and Midwifery Officer (CNMO), ACT Health Directorate acted on the 'Position Statement: CS for Nurses and Midwives' (ACM, ACMHN, ACN 2019), referred to as the 'Position Statement' in this document. 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. Access to CS for mental health nurses was limited, and not overtly apparent in other areas of nursing or midwifery. The CNMO wanted to firstly build a cohort of CS supervisors so CS could be offered to nurses and midwives without delay. Clinical Supervision Consultancy (CSC) was engaged as a project partner to provide supervisor training, consultancy, and support.

A CS Pilot Project (July 2020 - June 2021) was undertaken through collaboration between the OCNMO, ACT public health services and CSC. A key finding from the pre-consultation and CS Pilot Project was the need for a foundational framework to guide and support the development and implementation of CS Policy/Guidelines for nurses and midwives by ACTHD, CHS and CPHB (CS Pilot Project Evaluation Report, 2021).

Information about the method used to develop the Framework, including the consultation and review processes, is found in Appendix 1.

What is Clinical Supervision?

POSITION STATEMENT DEFINITION OF CLINICAL SUPERVISION

Clinical Supervision is 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 definition in the Position Statement on CS for nurses and midwives (ACM, ACMHN, ACN, 2019) was utilised for the Framework. The Australian Nursing and Midwifery Federation (ANMF), a key industrial body has also used this definition in the 'ANMF Position Statement – clinical (reflective) supervision for nurses and midwives' (2020).

A clear understanding of what CS is, and is not, is foundational to the Framework and successful CS implementation and sustainability. Knowledge gained through education sessions about CS and CS supervisor training in the ACT enabled nurses and midwives to gain understanding about CS. The following examples of a personal definition of CS were developed by participants of the supervisor training:

Clinical supervision is a safe and confidential space for healthcare professionals to allow discussion in a safe environment, to enhance and support their professional and personal lives

Julie Voutos, Registered Nurse, ACT Health

Clinical supervision is not point of care supervision but rather a type of professional supervision using a process of reflection where you do most of the talking.

Clinical supervision is a guided conversation which could be about point of care practice, work relationships or challenges in the workplace.

It's a way of processing events or situations and moving through 'things' that sometimes get us stuck. Clinical supervision can help with getting to the 'why', 'what' and 'how', showing you the way (to move) forward for growth, health, and satisfaction.

Jennifer Braithwaite, Registered Midwife, Calvary Public Hospital Bruce

During the consultation process, nurses and midwives identified a lack of understanding about the meaning of CS as a common barrier to implementation. Responses to questions about barriers to CS included:

- *Staff have a lack of knowledge about what CS is*
- *People not knowing what CS is*
- *Divergent expectations of CS*
- *No understanding of the concept of the clinical supervisor*

The term 'CS' is recognised as being "problematic" (Joint Position Statement, 2019), "misunderstood and poorly defined" (ANMF Position Statement, 2020). A range of meanings may be assumed, dependent on the context. For example, 'CS' is used in reference to the supervision/clinical facilitation of undergraduate students or the clinical oversight of less experienced staff. In addition, CS for Australian nurses and midwives has the same meaning as 'professional supervision' for New Zealand (NZ) nurses. Assumptions therefore cannot be made that nurses, midwives, organisations, and operational managers have the same understanding of CS.

Implementation of CS requires a mutual understanding of the role and responsibilities of the supervisee, supervisor, organisation, and operational managers. To aid clarity, a distinction from other types of supervision and support is made.

What Clinical Supervision is NOT

> Clinical Supervision is distinct from Point of Care Supervision, Facilitated Professional Development; Professional Supervision; Operational Management Processes; Clinical Management Processes; Personal Staff Support.
>
> ACM, ACMHN, ACN, 2019

Nurses and midwives require different types of professional development, support, and good line management. CS complements other types of supervision, operational processes, and support.

CS is not:

- The organisational oversight and support provided by line-managers.
- Individual performance review.
- A form of disciplinary procedure or surveillance.
- Clinical facilitation of students, clinical teaching, buddying with new staff.
- Professional supervision (although this term is used by NZ mental health nurses).
- Critical incident debriefing.
- Case review or case presentation.
- Preceptorship, Peer Review or Mentoring.
- Therapy, such as psychotherapy or counselling.

(ACM, ACMHN, ACN, 2019; DHHS, 2018; HETI, 2013; Te Pou, 2017)

A comparison of CS and other professional development and support strategies is provided in **Appendix 2.**

Who should engage in CS?

> Clinical Supervision is recommended for all nurses and midwives irrespective of their specific role, area of practice and years of experience.
>
> ACM, ACMHN, ACN, 2019

CS is for all nurses and midwives, rather than only those engaged in direct clinical care. Bond and Holland (2010) state, "The process of CS should continue throughout the person's career, whether they remain in clinical practice, or move into management, research or education."

CS supervisors should engage in regular CS as a supervisee to enable continuous development of their supervision practice and the provision of quality CS.

Why should nurses and midwives engage in CS?

> Clinical Supervision is increasingly recognised as a core component of professional support for contemporary nursing and midwifery practice. There is consistent evidence that effective Clinical Supervision impacts positively on the professional development as well as the health and wellbeing of supervisees. The health and wellbeing of nurses and midwives is vital for recruitment and retention and ultimately a healthy and sustainable workforce. There is also emerging evidence that Clinical Supervision of health-care staff impacts positively on outcomes for service-users.
>
> ACM, ACMHN, ACN, 2019

The overall purpose of CS is to enable individual healthcare workers to provide the best available standard of care. In a relationship based on trust and openness, CS provides the opportunity for nurses and midwives to review and reflect on their work with the aim of developing their professional knowledge, skills and confidence, and to increase self-awareness.

> CS develops knowledge and confidence with a strengths-focus aimed at building supervisee practice skills and awareness of practice.
>
> ACM. ACMHN. ACN. 2019

Outcomes for Supervisees

- Increased self-awareness including insights into the use of self in the work.
- Increased ability to listen, be supportive and empathetic to service-users.
- Development and utilisation of skills and development of deeper theoretical knowledge.
- Increased competence, confidence, self-efficacy, and professional accountability.
- Increased sense of empowerment and autonomy.
- Supported idea generation, creativity, innovation, problem-solving and solution generation.
- Improved understanding of professional, moral, and ethical issues.
- Role clarity and a stronger sense of professional identity.
- Increased critical thinking, critiquing, and improving practice including risk management.

Outcomes for Organisations

- Increased commitment to the organisation.
- Improved coping at work and general wellbeing; improved identification of, and access to supports; and reduced stress, anxiety, and burnout.
- Feeling supported by having thoughts and feelings listened to.
- Increased interest and engagement in work, job satisfaction, personal accomplishment, and development.
- Improved collegiate relationships (including with managers) and reduced conflict, a sense of community and increased trust.

ACM, ACMHN, ACN, 2019

Although positive outcomes and benefits to supervisees and organisations have been identified in the literature, it is also evident there can be negative experiences of CS. This "appears to be more likely where there is poor understanding of CS as a regular time for reflective practice with a trusted colleague and instead CS is hierarchical and provided by a line-manager or other person with authority, suspicion about organisational surveillance, and time for CS is not protected" (ACM, ACMHN, ACN, 2019).

The Framework enables a clearer understanding of CS and how it is arranged thereby increasing the likelihood of quality supervision and reducing the incidence of misconceptions or negative experiences. CS underpinned by core principles (presented below) provides a foundation for quality supervision.

Core Principles of Clinical Supervision

The Framework is underpinned by six integrated core principles determined by synthesis of the literature (Figure 2; Table 1). The principles incorporate the contributing factors to effective CS identified in the Position Statement and provide guidance for the successful implementation and sustainability of CS for nurses and midwives over time.

Figure 2: Six core principles of CS

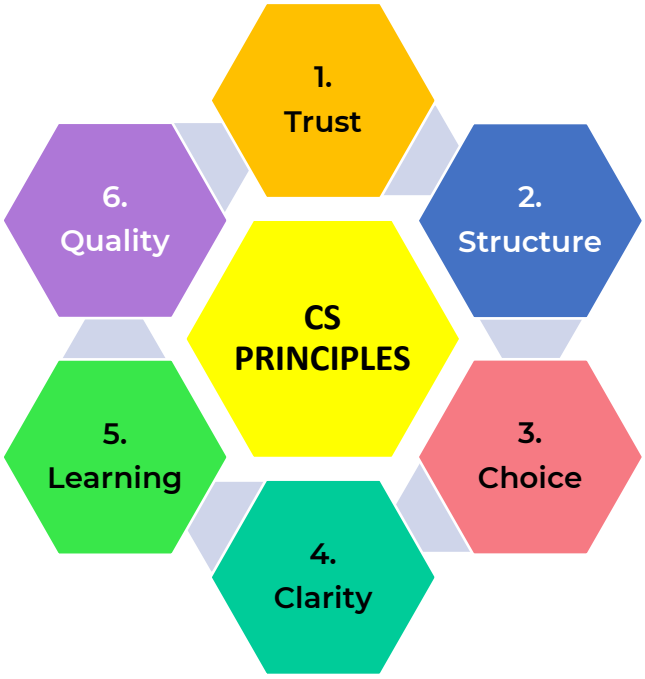


Table 1: Principles underpinning CS implementation and sustainability

Principle 1 **TRUST**	Development of a safe trusting supervisee/supervisor relationship is enhanced by a non-hierarchical, nurturing, inclusive and culturally respectful approach.
Principle 2 **STRUCTURE**	CS is a formal and structured process, underpinned by a theoretical model/s that enable critical reflection and support.
Principle 3 **CHOICE**	CS is supervisee-led, with the overall goal/s and session focus chosen by the supervisee, enabling tailored learning and support that is relevant and meaningful.
Principle 4 **CLARITY**	The roles and responsibilities of supervisees, supervisors, and managers/organisations are clearly understood and supported by organisational CS policy/guidelines and CS agreements.
Principle 5 **LEARNING**	Education about CS, continuous development of supervisors through experiential learning and their own CS, enables quality supervision.
Principle 6 **QUALITY**	Regular review of the supervisee/supervisor relationship, the effectiveness of CS for the supervisee, and implementation monitoring and evaluation, enhances continuous quality improvement.

Clinical Supervision Implementation and Sustainability

Principal 1 – Trust

Development of a safe trusting supervisee/supervisor relationship is enhanced by a non-hierarchical, nurturing, inclusive and culturally appropriate approach.

> A trusting alliance between the supervisee(s) and supervisor is the central element of effective Clinical Supervision. Clinical Supervision is a culturally safe and respectful relationship that has commitment from both the supervisor and supervisee(s). Clinical Supervision has effective communication and feedback at its core; is supportive and facilitative.
>
> ACM, ACMHN, ACN, 2019

The supervisor/supervisee relationship

Development of a positive supervisee/supervisor relationship (a trusting supervisory alliance), central to effective CS, is influenced by several factors, including:

- The supervisee and supervisor's understanding of CS and supervisee/supervisor roles and responsibilities.
- A strengths-based and culturally sensitive approach where the focus is on enabling and supporting the supervisee to be curious about their work, gain new insights, and apply the new learning to their professional practice.
- *'Dadirri' (Ungunmerr, 1988), inner deep listening and quiet still awareness, intrinsic to Aboriginal and Torres Strait Islander culture, is foundational to respect and CS as described in the Framework.
- Demonstration of core values and qualities by supervisors that promote creation of a positive professional space for reflection. The Australian Clinical Supervision Association includes the values of integrity, compassion, respect, courage, openness, and collaboration (Code of Ethics, Code of Practice for Clinical Supervisors, 2017).
- Choice in supervisee/supervisor matching to maximise supervisee preference to meet learning needs and reduce power differentials and/or dual relationships.
- Group CS, where development of the trusting relationship is influenced by group dynamics and group development processes.
- Supervisor knowledge, skills, and experience.
- Supervisor knowledge, skills, and experience as a nurse/midwife, or experienced professional with an understanding of the nurse/midwife's professional context.

> CS is conducted in regular, private, and protected time, away from the practice setting.
>
> ACM, ACMHN, ACN, 2019

- Trust is enhanced by dedicated time to build the CS relationship and a professional space away from the immediate work environment (face-to-face or virtual), where privacy can be maintained.
- The integration of all other principles contributes to the building of trust as CS within the supervisor relationship.

Principal 2 – Structure

CS is a formal and structured process, underpinned by a theoretical model/s that enable critical reflection and support.

> Clinical supervision is predictable and consistent with thoughtful and clear structures, boundaries, processes, and goals.
>
> The Position Statement does not preference a mode or model of Clinical Supervision as there is no evidence for the superiority of any approach.
>
> ACM, ACMHN, ACN, 2019

Models of Clinical Supervision

CS is a formal and structured approach to reflection, involving self-reflection, rather than informal discussion or review without boundaries or recognised processes. Supervision-specific theoretical models, or models founded in psychotherapeutic approaches provide structure for the facilitation of CS towards new insights and learning that enable development of the supervisee's professional practice and personal development. A cyclic process of reflection and learning such as Gibbs' Reflective Model and the Experiential Learning Cycle have also been recommended as suitable for CS (Te Pou, 2017).

All models should assist the supervisee to question their practice and become increasingly self-reflective, considering the impact of personal values, assumptions, and beliefs on nursing/midwifery practice. Development of a trusting supervisor/supervisee relationship provides a strong foundation for the collaborative work of CS. The 'Working Alliance Based Model of Supervision' (Bordin, 1983) and subsequent 'Supervisor Alliance Model' (Proctor, 2011) focus on the supervisory alliance as foundational to meeting the supervisee's goals in CS.

Examples of process and developmental models used in CS:

- **The Interactive Three-Function Model** (Proctor, 1984). Historically, this is the most utilised model for CS by nurses, sometimes referred to as the 'Proctor Model'. The model focuses on the functions of CS:
  - **Normative:** developing the understanding of the professional and ethical requirements of the supervisee's practice
  - **Formative:** developing the skills, understanding and abilities of the supervisee
  - **Restorative:** developing the ability of the supervisee to cope with the emotional effects of their work.
- **The Integrative Model** (Hawkins & Shohet, 1985) is a process-oriented approach that integrates the relational and systemic aspects of supervision. It focuses on the relationships between client, clinician, and supervisor, and takes into consideration the interplay between each relationship and their context within the wider system. The model is also referred to as the 'Seven-Eyed Supervisor Model' as seven areas are explored: the client and how they present, strategies and interventions used by the supervisee, the client/supervisee relationship, the supervisory relationship, the supervisor focus on their own process, and the wider context of work.

- **The Role Development Model** created by Michael Consedine in the 1980s is underpinned by Role Theory (Consedine, 2001). The model focuses on how supervisees respond to situations within their work, identifying their 'role' (based on thinking, feeling, and action). The process includes envisioning of a more positive 'role' based on increased self-awareness enabling increased professional and personal agency for change. The addition of a 3-D simulation tool, 'Play of Life' (Raimundo, 2002) provides a creative approach to critical reflection. Raised awareness and the development of personal abilities enables supervisees to consider their experiences in new ways that are reflective, enabling and enlivening.

Modes of Clinical Supervision

Modes of CS include the number of supervisees engaged in each CS session, and how interactions in CS occur. Choice of mode is made in collaboration between the supervisor, supervisee, and organisation. Influencing factors include access (e.g., physical space for face-to-face sessions), the best way to meet the learning needs of the supervisee, the experience level of the supervisor, and personal preferences.

CS sessions are either individual or group:

- Individual CS
  - One-to-one CS (1:1); the supervisor facilitates CS for one supervisee.
  - Sessions are commonly for 1 hour per month (may be more/less frequent).
- Group CS
  - The supervisor facilitates CS for two or more supervisees.
  - Recommended maximum of 4-6 supervisees to enable 'air-time' and management of group processes.
  - Closed/open groups. Closed groups (same supervisees) aid the earlier development of trust and group functioning, while open groups (different supervisees) can improve access to CS for staff employed in shift-based positions.
  - Sessions are commonly for 1 – 1.5 hours per month (may be more/less frequent).
  - The supervisor requires knowledge and skill to manage group processes and dynamics as well as facilitating the reflective process of CS. Group training is recommended.
  - Developed CS groups can provide an additional level of support and varied perspectives.

Individual and group CS can be offered in a face-to-face mode, via telephone, or virtually via videoconference. Although most CS is facilitated by the same supervisor on each occasion, 'peer supervision' is an option for experienced supervisees (who may also be supervisors). In this instance, the agreement may be for the role of supervisor to be rotated. CS is provided within work hours by a supervisor internal or external to the organisation. The supervisor may be from the same professional discipline as the supervisee/s or from a different discipline. In either case, a shared understanding of CS for nurses and midwives as outlined in the Position Statement and the required knowledge and skills as a supervisor are required.

Principal 3 – Choice

CS is 'supervisee-led', with the overall goal/s and session focus chosen by the supervisee enabling tailored learning and support that is relevant and meaningful.

> CS is focused on the work issues brought to the session by the supervisee/s.
>
> CS develops knowledge and confidence with a strengths-focus aimed at building supervisee practice skills and awareness of practice.
>
> CS is an opportunity to talk about the realities, challenges, and rewards of practice and to be attentively heard and understood by another professional
>
> ACM, ACMHN, ACN, 2019

What is suitable for exploration and self-reflection in Clinical Supervision?

CS enables reflection on any area in the professional domain of the supervisee's choosing, such as:

- Clinical care – any uncertainties or learning needs.
- Experiences in the provision of care – positive and negative.
- Team functioning and communication.
- Professional development needs and options.
- Ethical dilemmas e.g. professional boundaries – with service-users, health professionals.
- Inter-professional communication.
- Career development.

While CS is therapeutic, it is distinct from therapy, which is situated in the personal domain. The supervisee's work can be impacted by personal circumstances and challenges, and this may arise as part of the exploration and reflection in CS. Supervisors may encourage supervisees to seek support and professional care as needed for their health and wellbeing, including via the Nursing and Midwifery Support Line, Employee Assistance Program (EAP) and/or their local doctor.

Elements of choice within the supervision agreement

- Formation of the CS pairing for individual CS or supervisee mix for group CS.
  - The supervisee/s may have identified a supervisor of their choice or require assistance via a CS database and/or CS Coordinator.
- The supervisor's choice to offer CS can be influenced by the existence of dual or other close working relationships, capacity within their work-load, and appropriate level of expertise (group CS also requires skills in the management of group processes).
- Supervisor/supervisee availability, which may include flexible arrangements for time and venue in negotiation with organisational managers.
- Model/s and mode of CS.

Principal 4 – Clarity

The responsibilities of supervisees, supervisors, and managers/organisations are clearly understood and supported by organisational policy/guidelines and CS agreements.

CS implementation and effectiveness is supported by the fulfilment of designated responsibilities by each party: the supervisee/s, the supervisor, the organisation and operational managers. This section provides an overview of the various responsibilities commonly identified in the literature to enhance clarity.

Role and responsibilities of supervisees

> Clinical Supervision facilitates supervisee self-monitoring and self-accountability and involves the supervisee learning to be a reflective practitioner
>
> ACM, ACMHN, ACN, 2019

Supervisees have an active rather than passive role in CS with the responsibility to:

- Understand CS principles and practice.
- Abide with organisational CS Policies/Guidelines.
- Negotiate access to regular CS with their line Manager, including:
  - Choice of supervisor where possible to meet learning needs, limit dual relationships, or seek specialist knowledge.
- Collaborate with the supervisor to develop a Working Agreement for CS (see Figure 3, page 25) that includes:
  - The overarching goal/s of CS based on the individual needs of the supervisee.
  - Agreed understanding of the boundary of confidentiality, including the circumstances in which confidentiality cannot be maintained, and the process that would be followed if this occurred.
  - Details of CS frequency, time, and location.
  - Documentation – reflective journal/record of session.
  - Review and evaluation processes.
- Prepare for CS by considering area/s for reflection.
- Prioritise attendance at CS and actively participate in a professional manner.
- Be open to new learning, including 'gentle challenge' by the supervisor to gain deeper insights about work, and increase self-awareness.
- Seek additional learning or support identified in CS to develop professional knowledge/skill and/or personal wellbeing.
- Take active steps to apply learning from CS and ongoing critical reflection into professional practice.
- Provide informal feedback to the supervisor to promote alignment to learning needs.
- Discuss any difficulties in CS arrangements with the supervisor, Manager and/or dedicated CS Coordinator.
- Contribute to evaluation of CS implementation and other requirements as needed.

Role and responsibilities of supervisors

> Clinical supervision is provided by professionals who have undertaken specific training in Clinical Supervision and engage in their own regular Clinical Supervision.
>
> Clinical supervision is not provided by a professional who has organisational responsibility to direct, coordinate or evaluate the performance of the supervisee(s).
>
> ACM, ACMHN, ACN, 2019

Supervisors require appropriate knowledge and skills to provide CS that enables self-reflection in a safe and supportive environment. Suitable supervisors are experienced healthcare professionals with demonstrated qualities and attributes that reflect professional and organisational values and standards. The non-hierarchical nature of CS for nurses and midwives promotes the development of trust and minimises the supervisee/supervisor power differential.

Supervisors have responsibility to:

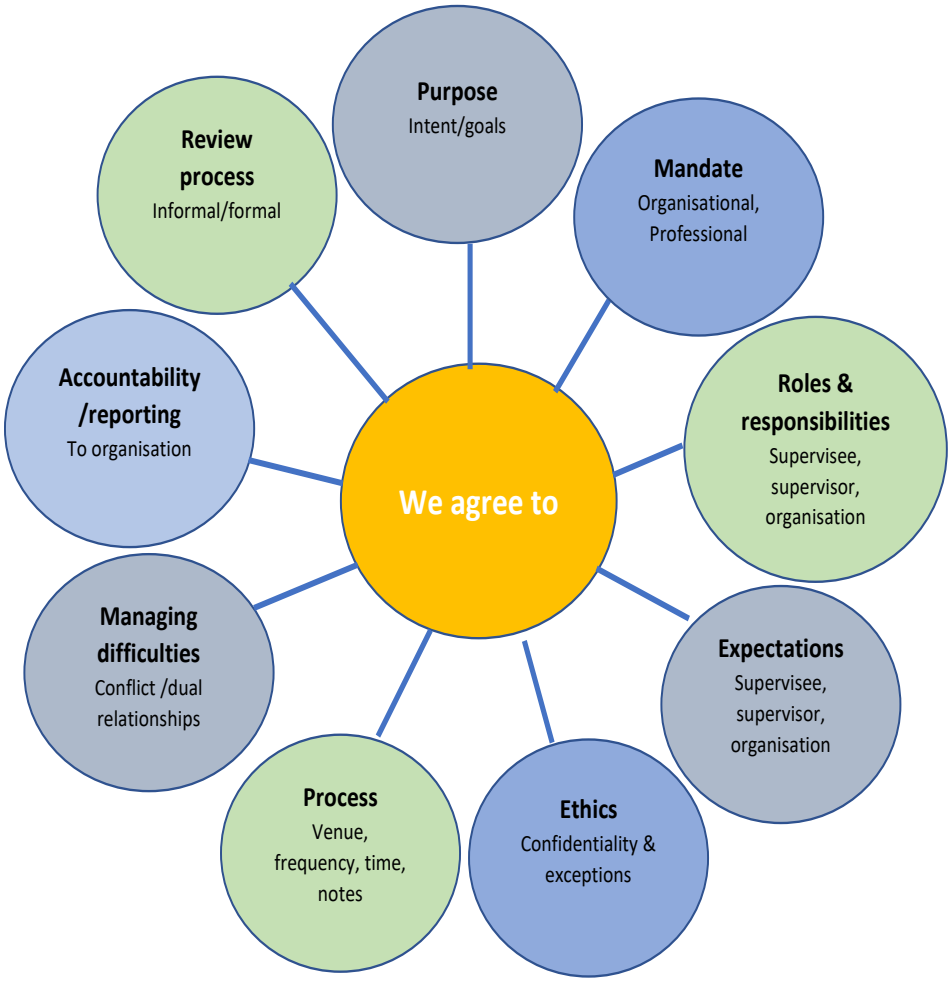
- Understand and uphold CS principles and practice, organisational goals and policies/guidelines, codes of conduct and ethics, and nursing and midwifery practice standards.
- Engage in initial and ongoing training programs for CS supervisors to ensure knowledge and skill development is consistent with best practice.
- Understand and articulate a theoretical approach/s or model/s underpinning the CS approach used to structure exploration and deep reflection during CS.
- Develop a safe trusting supervisory relationship as foundational to effective CS.

> Supervisors also need to make sure they maintain their own Clinical Supervision to provide quality Clinical Supervision. It is their responsibility to receive their own regular Clinical Supervision so they can receive professional support for the work they do, be a role model and build their own competency in the provision of Clinical Supervision.
>
> ACM, ACMHN, ACN, 2019

- Gain support from their Line Manager to provide CS (supervisor) and receive CS (supervisee).
- Lead development of a Working Agreement for CS in collaboration with the supervisee.
  - Goals/purpose of CS based on the needs of the supervisee.
  - Agreed understanding of the boundary of confidentiality, including the circumstances in which confidentiality cannot be maintained, and the process that would be followed (as outlined after Figure 3, page 25).
  - Details of CS frequency, time, and location.
  - Documentation of supervisee attendance and brief non-identifiable notes.
  - Review and evaluation processes in line with organisational requirements.
- Provide CS within the scope of their expertise. Supervisors who use a model based on psychoanalytical or other models based on therapy firstly require expertise in these models.
- Be fully attentive and present to guide the supervisee during the reflective process.

- Validate the supervisee's efforts to maintain best nursing and midwifery practice and recognise areas that require further exploration/questioning to identify learning needs and actions.
- Incorporate 'gentle challenge' to enable the supervisee to gain deeper insights and increase self-awareness.
- Encourage supervisees to seek additional learning or support to develop professionally and/or improve personal wellbeing, and to integrate into professional practice.
- Gain informal feedback from the supervisee to promote a focus on the supervisee's learning needs.
- Engage in critical reflection following CS to identify areas for further reflection as a supervisee and continuously apply learning to supervisor practice.
- Contribute information required for an organisational database of supervisors.
- Provide regular data of CS provided to enable accurate monitoring of implementation, and inform resource allocation and organisational planning.
- Participate in evaluation of CS implementation and other organisational requirements as needed, whilst maintaining confidentiality of the CS content.

Figure 3: Elements of the CS agreement



Te Pou, 2017

The parameters of confidentiality

> CS is confidential within the ethical and legal boundaries of nursing and midwifery practice.
>
> ACM, ACMHN, ACN, 2019

A clear understanding of the parameters/boundaries of confidentiality is essential for supervisees, supervisors, and managers/organisations. In line with the mutual CS agreement developed by the supervisor and supervisee, steps must be taken to uphold safety and best practice if breaches of codes of ethics or practice are evident. The CS agreement includes the responsibility for mandatory notifications by healthcare workers where substantial risk of harm to the public is identified (AHPRA, 2020).

If any potential areas of concern arise during CS, the supervisor:

- Carefully explores the concern with the supervisee to understand if there is a breach of safety/professional practice. Steps may have already been taken by the supervisee and no action is required.
- Reminds the supervisee of the CS agreement in relation to confidentiality and the responsibility for mandatory notification if there is risk of significant harm.
- Seeks the guidance of their supervisor and/or other experienced supervisor (eg. organisation CS Coordinator or supervisor training facilitator) as soon as practicable.
- Reports concerns to the supervisee's manager as required with the supervisee's knowledge, and to AHPRA if the criteria for mandatory notification is met.
- Engages in CS as a supervisee to deepen learning and for guidance in steps to restore the supervision relationship (where possible).

The supervisee is also responsible to act on concerns about unsafe/unethical practice of the supervisor. Supervisors are expected to practice within the professional codes of ethics and conduct for nurses and midwives, and for supervisors (ACSA Code of Ethics, Code of Conduct for Supervisors, 2017). The development of nurses and midwives with suitable qualities and skills, and their engagement in learning to understand the supervisor role and responsibilities, reduces the likelihood of concerns about supervisor practice.

Role and responsibilities of the organisation

> Strong and consistent organisational support must be provided for successful implementation of Clinical Supervision so Clinical Supervision is accepted as a dominant feature of the organisational culture.
> All employers of nurses and midwives positively support and actively promote quality Clinical Supervision through organisational policies, procedures, and workplace culture.
>
> ACM, ACMHN, ACN, 2019

Organisational commitment to CS is a key influencing factor on the successful implementation and sustainability of CS for nurses and midwives. Healthcare organisations balance multiple operational considerations, and the introduction of CS on a large scale requires a big-picture view and vision, and grass-roots engagement and support. A clear understanding of organisational responsibilities is closely integrated with the responsibilities of supervisees and supervisors.

Organisations have a responsibility for policies, procedures, systems and structures to enable CS implementation and sustainability, including:

- A strong commitment to the vision of access to CS for all nurses and midwives at all organisational levels (executive managers to service delivery).

- Sharing the vision through promotion and internal communication processes.
- Governance and resources to enable a planned and staged approach to CS implementation and sustainability, such as:
    - A CS Strategic Planning and Implementation Committee with membership inclusive of operational managers and other key stakeholders.
    - A dedicated CS Coordinator/portfolio holder with professional, organisational and CS knowledge and skills to support CS implementation.
    - Clear CS Policy/Guidelines based on the Framework.
    - Development of a supervisor network, working parties and/or Community of Practice to further communication, responsiveness to local need, the sharing of knowledge and support.
    - Continuous development and support for supervisors who are educationally prepared to provide CS.
    - Database and other systems to support supervisee/supervisor matching and data collection on the progress of implementation.

> All nurses and midwives are fully orientated to Clinical Supervision upon entry to their relevant workforce and have access to Clinical Supervision that meets their individual needs.
> ...a positive expectation for all staff to engage in Clinical Supervision and importantly, supported rostering to facilitate staff attendance at both Clinical Supervision and Clinical Supervision training.
>
> ACM, ACMHN, ACN, 2019

- Organisation-wide foundational knowledge about CS.
    - Information about CS, and how to access CS, in orientation packages and induction processes for new staff.
- Education about CS for supervisees and managers to enable a consistent understanding of what CS is/is not, and the responsibilities of supervisees, supervisors, and organisations (see Principle 5).
- Training of supervisors using a best practice approach (see Principle 5).

Operational/Line Manager Responsibilities:

- Support to enable CS access for nurses and midwives in accordance with the organisation's CS implementation plan.
    - Staff are directed to the ACT Health Directorate Framework, organisation-specific CS Policy/Guidelines, CS Coordinator, and CS intranet/database site.
    - Rostering to enable education about CS, training of supervisors, and regular protected time away from the immediate work environment for supervisees and supervisors.
    - Support for supervisors to provide CS whilst balancing other workload responsibilities, professional goals, and availability.
    - Support with any concerns about the implementation of CS raised by supervisees or supervisors.
- Monitoring and reporting of CS uptake by staff, and the link to operational enablers or constraints, to assist with understanding where additional resources or support is required.
- Communication of implementation successes and challenges via governance pathways to enable review and responses by Executive Managers and the CS governing committees.

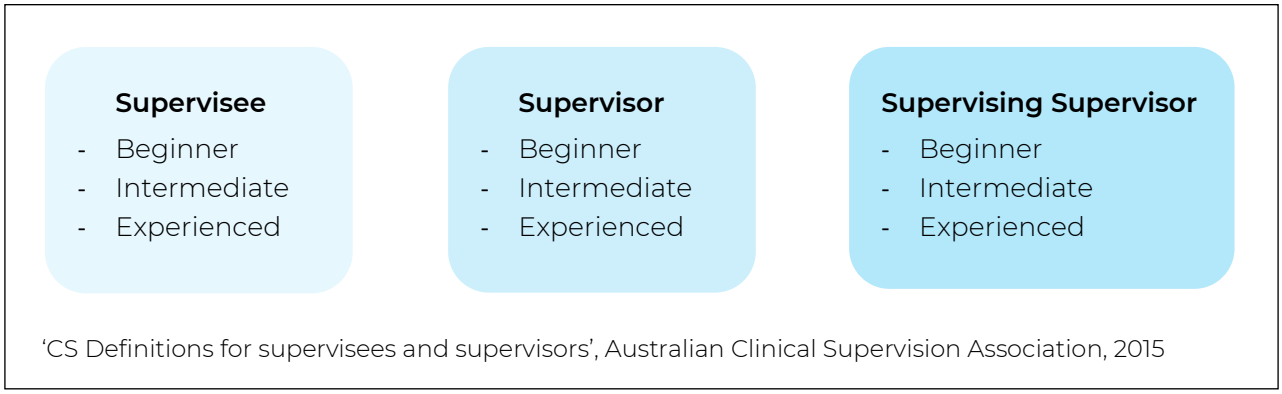
Principal 5 – Learning

Education about CS, and the continuous development of supervisors through experiential learning enables quality CS for supervisees.

CS is embedded within a framework of continuous learning and support. Some supervisees may be interested and suitable to progress to providing CS as a supervisor. There is also the potential for supervisors to progress to the role of supervising supervisor with additional knowledge, skills, and experience over time.

- Supervisors actively engage in CS as a supervisee at all stages of development.

Figure 3: Potential progressive development in receiving and providing CS



'CS Definitions for supervisees and supervisors', Australian Clinical Supervision Association, 2015

Clinical Supervision education for supervisees and managers

The Position Statement and other literature supports education for potential supervisees and Managers so the purpose of CS, the roles and responsibilities and the commitment required is known. Learning about CS provides the opportunity for participants to reflect and discuss their prior understanding of CS, assumptions, and CS experiences. Education about CS aims to promote a clear understanding about CS and the contributing factors to effective CS.

- Various formats: workshop, mixed mode, or online equivalent for 1-2 days minimum.
- Content:
  - An overview of the Position Statement on CS for Nurses and Midwives, the ACT Health CS Framework for Nurses and Midwives, and CS Policy/Guidelines.
  - CS definition, purpose, and functions.
  - How CS is provided, and the process for supervisee/supervisor matching.
  - The CS Agreement, including the responsibilities of the supervisee, supervisor, and organisation.
  - How to get the most out of CS as a supervisee.
  - Modelling of a CS session.
  - Evaluation of the supervisee/supervisor relationship and CS implementation.

Supervisor Training

> Supervisors require specific training programs in order to practice. Without training, the Clinical Supervision provided is more likely to be inadequate, counterproductive, or harmful.
>
> ACM, ACMHN, ACN, 2019

Specific education/training as a supervisor is consistently identified as an essential requirement of CS implementation, with the selection of suitable staff to develop as supervisors a key factor in effective CS and successful implementation.

Participant Selection Criteria

Essential

- Minimum of 3 years' post-registration experience.
- Demonstrated leadership attributes and commitment to organisational values.
- Commitment to all learning requirements.
- Availability to provide and receive CS.
- Experience as a supervisee (Essential/Highly desirable).

Experience as a supervisee is usually essential prior to training as a supervisor, however in the ACT Health context of the early introduction of CS as a workforce strategy this may not be possible. As a minimum, supervisor training participants should be an experienced nurse/midwife, have demonstrated leadership attributes that provide a positive role model as a supervisor, and be highly motivated to develop skills as a supervisor (ACM, ACMHN, ACN, 2019). The minimum level of post-registration experience has been recommended as "at least 2 years FTE employment, with a preference of 5 or more years' experience" (Queensland Health, 2009). Other organisations recommend a minimum of 3 years' experience (ACSA, 2015; NSW Organ and Tissue Donation Service, 2019).

Learning Approach

> It has been proposed that training methods should be delivered in a supportive manner and include a mix of didactic delivery, experiential learning, simulated experience, and Clinical Supervision practice within the training group.
>
> ACM, ACMHN, ACN, 2019

Texts on CS have provided the main guidance for CS education and supervisor training as no national CS standards for nurses and midwives have been released to date. However, journal articles on supervisor training have contributed to knowledge about the preparation of mental health nurses (Hancox, Lynch, Happell & Biondo, 2004; White and Winstanley, 2009) and nurses, midwives and other health professionals (Harvey, Spurr, Sidebotham and Fenwick, 2019).

A supportive approach and time for continuous experiential learning to develop knowledge and skills is evident as best practice. Transformative Learning (Taylor, 2009) was found to enable midwives' development as supervisors via 'CS for Role Development Training' (Harvey, Sidebotham & Fenwick, 2021 and 2022). A spiral integrated approach (including live CS), holistic learning, and social learning promoted confidence and competence in novice supervisors via a series of experiential workshops. Providing and receiving CS in the workplace between workshops, and returning to discuss the application of learning, allowed participants to translate theory to practice and continuously build on prior learning.

The benefits of skills practice and shared learning was evident in evaluations from 'CS for Role Development Training' in the ACT during development of the Framework (CS Pilot Project Evaluation Report, 2021). For example,

- *Every session provided so much learning. I also really enjoyed listening and post-session discussions as they too provide learning.*
- *Increased my confidence by practising and introducing techniques which closely align with the purpose of the session.*
- *Practice makes permanent; tips and tricks from others; using different techniques.*
- *CS is very important for healthcare staff. It is a very purposeful and inspiring process*
- *Putting knowledge and thoughts into words and actions in a safe 'practice' environment.*

The Framework does not preference any supervisor training program however it is recommended training is based on an experiential approach to gain the most value for participants and organisational investment. Evaluation and research of all experiential supervisor training programs, CS models and modes is encouraged as CS is implemented in the ACT context over time.

Development of a Community of Practice

> Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.
>
> Wenger, 1998

In addition to supervisor training, development of a CS Community of Practice is recommended to enable and motivate supervisors to continuously engage in learning and access support. Communities of Practice have been established in specialised areas of nursing and midwifery practice with positive outcomes. For example, a systematic review identified nurses felt welcomed, supported and empowered by engagement in a Community of Practice to transition from a novice practitioner to an experienced nurse (Terry, Nguyen, Peck, Smith and Phan, 2019).

An informal CS Community of Practice has emerged between the CS Coordinator (ACT Health Directorate), supervisors and the external training provider/CS consultant. Supervisor training groups with a mix of nurses, midwives and allied health professionals during the CS Pilot Project provided benefits from interdisciplinary learning and connections.

The value of a space for connections, reconnections, learning and innovation to occur was evident when training participants met at a Forum for CS supervisors (1st June 2021). Participant feedback included:

- I'm feeling re-invigorated and rejuvenated after meeting 'new' supervisors and my 'old gang'.
- Reinvigoration of desire to provide and promote CS within my organisation.
- This has been highly valuable, and the sustainability and continued investment needs to be prioritised to maintain inspiration, enthusiasm, and passion, resulting in a positive impact.

The formal establishment of a CS Community of Practice is expected to be key to CS sustainability over time.

Principal 6 – Quality

Regular review of the supervisee/supervisor relationship, the effectiveness of CS, and implementation monitoring and evaluation, enhances continuous quality improvement.

> Regular systematic evaluations of the quality and efficacy of Clinical Supervision arrangements are undertaken at the local service level, taking care not to compromise the integrity of confidentiality agreements between supervisors and supervisees.
>
> ACM, ACMHN, ACN, 2019

Quality is central to achieving the aim of the Framework – effective CS for ACT nurses and midwives with a focus on supervisee support and development. A continuous quality improvement approach enables informed decision-making, accountability for the use of resources, a responsiveness to any implementation and sustainability challenges, and confidence in the efficacy of CS for supervisees. Use of a standardised approach to CS evaluation in ACT Health facilities will assist the comparison of outcomes.

Evaluation and Research

> Both formal and informal evaluation is recommended at a supervisor-supervisee level. Time frames for formal review should be included in the agreement to ensure the Clinical Supervision relationship remains effective.
>
> ACM, ACMHN, ACN, 2019

Monitoring and evaluation of CS are recommended at the supervisee/supervisor and organisational levels to ascertain the progress of CS implementation and outcomes over time.

Evaluation Methods

A range of methods have been used to evaluate CS, including:

- Feedback to the supervisor at the conclusion of each CS session by the supervisee. The Leeds Alliance in Supervision Scale (Wainwright, 2010) is a brief 3-item scale that can be used for discussion on the focus, relationship, and usefulness.
- Review of the CS agreement by the supervisee and supervisor after 3-6 months to determine if any modifications are required and to check if the CS is meeting the needs of the supervisee.
- A more formal evaluation of CS implementation and outcomes by the organisation on an annual basis with participation by supervisees, supervisors, and managers.
- The collection of qualitative and quantitative data through surveys, semi-structured interviews and focus groups.

> Implementation of Clinical Supervision is a continuous process. So too, is the evaluation of the effectiveness of implementation against locally agreed measures to ensure the quality and efficacy of local Clinical Supervision arrangements are able to be demonstrated and regularly reported.
>
> ACM, ACMHN, ACN, 2019

- Validated tools such as the Manchester CS Scale – 26 item (MCCS-26), Generic Supervision Assessment Tool (GSAT), and the CS Evaluation Questionnaire (CSEQ). The CSEQ includes items about the impact of CS.
- Continuous monthly reporting of the number of CS sessions provided by supervisors (individual and group), number of supervisees if group CS, and the length of session.
- Participant evaluation of education about CS, and supervisor training.

Evaluation question example: impact of supervisor training on professional role

In addition to questions about supervisor knowledge and skill development, participants of supervisor training conducted during the CS Pilot Project were asked, "How has this training impacted on you and/or altered how you undertake your professional role?" The responses indicated a positive impact on their professional development, as evident in the following quotes:

- *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.*
- *I see the training as a very enlightening process and it is very nurturing to my professional role.*
- *This is exactly what our workforce needs to get out of the slump and be our best selves.*
- *I am applying for a part-time clinical supervisor role within my division. I would never have considered this prior to undertaking this training.*

Other measures and formal research

Other measures used to determine outcomes from engagement in CS have been used/recommended in the literature, including the impact on workforce capacity and health. For example:

- Stress and burnout scales
- Job satisfaction
- Audits of sick leave/stress leave, Work Cover claims
- Service-user appreciation and complaints

The measurement of job satisfaction was incorporated into research on midwives' experiences of CS in NSW (Love, Sidebotham, Fenwick, Harvey & Fairbrother, 2017). Understanding outcomes of CS in the broader context of the organisation is important for CS implementation and sustainability (Lynch, Hancox, Happell & Parker, 2008). The release of the Position Statement and increased interest in CS by midwives has led to commencement of a randomised controlled trial (RCT) with group CS as the intervention (Catling, 2021). This will add to the growing knowledge about CS and the benefits for workforce development and support.

Evaluation of CS implementation for nurses and midwives in the ACT also provides a strong opportunity for formal research to gain a deeper understanding of best practice and the impact of CS on the ACT Health workforce. Use of the Position Statement and Framework as the basis of small and large-scale research on CS in the ACT will contribute to the growing body of knowledge nationally and internationally. Partnerships with tertiary education providers to guide investigation of CS would also support development of knowledge and skills in the conduct of research.

Conclusion

The ‘CS Framework for ACT Nurses and Midwives’ is the first known framework developed in Australia to guide CS best practice following the release of the ‘Position Statement: CS for Nurses and Midwives, and Background Paper’ in 2019. The ACT Health Directorate is leading the way nationally by formally aligning the Framework to the Position Statement as developed by the three major nursing and midwifery professional colleges – the Australian College of Midwives, the Australian College of Mental Health Nurses, and the Australian College of Nursing.

The significant and worthy vision of access to quality CS for all nurses and midwives in the ACT provides an aspirational goal. The Framework is a practical resource to assist the implementation and sustainability of CS over time towards this goal. Clarity about CS and the roles and responsibilities of supervisees, supervisors, and managers/organisations, is expected to aid development of CS Policy/Guidelines for ACT nurses and midwives, and assist the benchmarking of local implementation. Evaluation of the effectiveness of CS for supervisees, supervisor training outcomes, and monitoring the uptake and impact of CS could also be extended to in-depth research based on a shared understanding of CS. The regular professional development and support of nurses and midwives through CS intersects with other workforce enhancement strategies to support staff development, well-being, recruitment and retention.

Knowledge is not gained in isolation and the Framework is one outcome of recent and historical collaboration between and within professions to further the embedding of CS as a core component of professional practice. In the ACT, nurses and midwives involved in the CS Pilot Project and continuing CS Project have grown in knowledge and supervisor skills alongside allied health professionals. Although the Framework has been developed for nurses and midwives in the first instance, a shared passion for CS provides a strong foundation for ongoing work including the potential development of an interdisciplinary CS Framework.

Recommendations

1. Wide distribution and promotion of the ‘CS Framework for ACT Nurses and Midwives’ to publicly funded healthcare services in the ACT and external partners.
2. Development of CS Policy/Guidelines aligned to the Framework by Canberra Health Services, Calvary Public Hospital Bruce, and the ACT Health Directorate within 12 months of the Framework’s release as the basis for best practice and governance of CS for nurses and midwives.
3. The Framework is used to inform discussion and implementation planning at all levels, including operational and resource requirements, supported by clarity about the meaning of CS, and the roles and responsibilities of the supervisee, supervisor, and organisations.
4. The Framework is formally integrated with other workforce initiatives that aim to improve the quality of healthcare, the professional development and support of nurses and midwives, and enhance workplace culture.
5. Continued discussion, collaboration, and CS education/training with allied health professionals in the ACT, to support shared learning and the establishment of an interdisciplinary CS community of practice in line with the Framework.

6. The Framework guides areas for the monitoring and evaluation of CS implementation with a 3-yearly formal review to ensure the Framework remains current with best practice.
7. The implementation and sustainability of CS for nurses and midwives in the ACT is investigated through quality improvement activities, and qualitative and quantitative research based on the understanding of CS provided in the Framework.

A good supervisory relationship is the best way we know to ensure that we stay open to ourselves and our clients and continue to learn, develop, and flourish in our work. Supervision is a collaborative practice between supervisees and supervisors that is constantly learning and developing. The practice is carried out in the service to clients, the development of the helping professions and the effectiveness of organisations.

Hawkins and Shohet, 2012 (p.255)

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Appendix 1: Framework Method

Appendix 1 provides information about the method used for development of 'CS Framework for ACT nurses and midwives' (the Framework).

Consultation

Consultation about the Framework was situated within the broader consultation initiated by the Chief Nursing and Midwifery Officer (CNMO) following a decision to explore CS (CS) as a strategy for the development and support of nurses and midwives. The following consultation process demonstrated the need for a CS Framework.

Initial consultation

An initial consultation for the CNMO on CS implementation and sustainability based on best practice was provided by Clinical Supervision Consultancy, a leading organisation in the field of CS. The recommendations included a CS Pilot Project to determine how to effectively implement CS in the ACT context, and development of a CS Framework/Policy.

Two workshops on CS were held for nursing and midwifery managers and potential trainee supervisors in May and June 2020. Participant responses to a questionnaire on implementation (perceived enablers, barriers, and creative ideas) also identified a CS Framework/Policy would address the limited understanding of CS and clarify the requirements for CS implementation.

Clinical Supervision Consultancy was engaged as an external partner to enable further consultation, supervisor training, and other activities required to support the CNMO with the emerging project.

Consultation during the Clinical Supervision Pilot Project (July 2020 – June 2021)

The CS Pilot Project commenced in July 2020. The project aimed to ascertain the strategies, processes and resources needed to introduce CS into the practice of nurses and midwives on a larger scale over time. As the project evolved, allied health professionals contributed to the consultation process and became involved in supervisor training and the CS Strategic Planning and Implementation Committee (CS SPIC). Allied health professionals' experience and expectation of CS in professional practice enhanced discussion about the implementation and sustainability of CS for nurses and midwives.

Consultation about CS implementation strategies, processes and resources occurred through the following activities:

- Group discussion on CS implementation during 'CS for Role Development Training', the foundational supervisor training program used during the CS Pilot Project.
- CS Coordinator discussion with nurses, midwives, and allied health professionals associated with the CS Pilot Project.
- A brain-storming activity on CS implementation at a CS Forum (1st June 2021) for trainee supervisors. Each of the three mixed groups of nurses, midwives, and allied health professionals independently identified a CS Policy/Framework was key to CS implementation and sustainability.
- Dialogue at the CS SPIC meetings (March 2020 – November 2021) reflected the absence of a CS Framework contributed to challenges operationalising CS.

Recommendation

A recurring theme through the consultation process was the varied understandings nurses, midwives, and operational managers had of CS. A key finding of the CS Pilot Project was the recommendation to develop 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 ACM, ACMHN, ACN (2019).

Framework Development

In September, 2021, the CS SPIC discussed and endorsed the recommendation from the CS Pilot Project to develop a CS Framework as a resource to support CS implementation. Preliminary work on the Framework was originally commenced by the CS Pilot Project Coordinator with the support of Clinical Supervision Consultancy. The CNMO commissioned Clinical Supervision Consultancy to develop the Framework in November 2021 due to the operational impact of COVID-19 on the availability of the CS Coordinator.

Sources

A range of sources were used to guide development of the Framework, including:

- Position Statement on CS for Nurses and Midwives (ACM, ACMHN, ACN, 2019).
- CS for Mental Health Nurses: a framework for Victoria (DHHS, 2018).
- Clinical (Reflective) Supervision for Nurses and Midwives (ANMF Position Statement, 2020)
- Australian CS Association
  - Definition Statement (2015)
  - Code of Ethics, Code of Practice for Clinical Supervisors (2017)
- Te Pou (2017) package of documents for New Zealand mental health and addiction nurses
  - Professional supervision guide for nursing supervisees
  - Professional supervision guide for nursing supervisors
  - Professional supervision guide for nursing leaders and managers
- Key texts, including:
  - Practising CS: a reflective approach for healthcare professionals (2007).
  - CS for Nurses (2008).
  - Skills of CS for Nurses: A Practical Guide for Supervisees, Clinical Supervisors and Managers (2010).
  - Supervision in the Helping Professions (2012).

The 'Background Paper' associated with the Joint Position Statement (2019) and literature review conducted for the 'CS for mental health nurses: a framework for Victoria' (2018) provided an extensive review of the national and international literature on CS. Review of the main sources in these publications and additional sources published 2019-2022 guided development of the Framework in line with best practice.

Framework structure

The Framework structure incorporated three elements:

- The definition of CS from the Position Statement for nurses and midwives, and Position Statement excerpts.
- Six integrated core principles of CS identified through synthesis of the reviewed literature, and from discussion and feedback received during the consultative process.
- Quotes from Canberra Health Services and Calvary Public Hospital Bruce nurse and midwife, to situtate the Framework in the local context. Joint Position Statement on CS for nurses and midwives

The definition and excerpts from the joint Position Statement: CS for Nurses and Midwives (ACM, ACMH, ACN, 2019) were included as a means to strongly align the Framework to the stance on CS by the major professional colleges of nursing and midwifery in Australia. The action of the CNMO to explore CS as a strategy for nurses and midwives following release of the Position Statement also contributed to the rationale for this approach. In addition, the joint Position Statement CS definition and approach to CS was used by industrial body, the Australian Nursing and Midwifery Federation in a more recent Position Statement on Clinical (Reflective) Supervision (ANMF, 2020).

Integrated core principles

The Framework was built on six core principles: trust, structure, choice, clarity, learning and quality. The principles were identified through synthesis of the reviewed literature, and discussion and feedback received during the consultative process. Detail of how each principle could be implemented was included in the Framework to provide guidance for practical application of the principles.

Review by internal and external stakeholders

A consultative review process was followed prior to endorsement of the Framework.
The following process was used to gain as much feedback as possible:

- Review and feedback on the initial draft by the CNMO, CS Coordinators (CS Pilot Project and ongoing CS Project), external ACT Health partner in tertiary education with expertise in CS, and the external CS Project Partner team.
- Review of the amended document and feedback by members of the CS SPIC prior to approval for the second stage of consultation.
- Distribution to nominated internal (CHS and CPHB) and external stakeholders with a request for review and feedback within a 4-week timeframe. Feedback was requested from ACM, ACMHN, ACN, and ACSA. Time-frames for a response were extended to June and then July 2022.
    - Feedback was received by 12 individuals/organisational areas in the second review round.
    - The feedback was discussed at the CS SPIC and how the feedback was/was not incorporated was recorded in the Consultation Summary Sheet.
    - The feedback was consistently positive, with suggestions made to increase the readability of the Framework and provide clarity.

Representative feedback comments:

The Framework demonstrates a solid and energetic commitment to the development, implementation, evaluation and maintenance of CS. Strengths of the Framework include the clear definitions of CS in the context of; what it is and how it will benefit health professionals and the organisations they work within.

The CS Framework for ACT nurses and Midwives is based on contemporary evidence that demonstrates the benefits of CS to the overall health and wellbeing of health care workers and, by extension, their patients/ clients. The framework is considerably strengthened by the integrated principles of CS and the clear delineation of the roles and responsibilities of individuals and organisations.

- A final version of the Framework was distributed to the CS SPIC members and external stakeholders for review in September 2022, following review by the CNMO, CS Coordinator and Clinical Supervision Consultancy team.
- Final feedback was considered and incorporated where it enhanced the document.
- The Framework was endorsed by the CS SPIC 20 September 2022 for publication and a distribution/communication plan developed.

Ongoing review of the Framework

Review of the Framework by the ACT Health Directorate was recommended for 3-yearly intervals to promote revisions in line with contemporary best practice. The review of CS Policy/Guidelines for Canberra Health Services, Calvary Public Hospital Bruce, and the ACT Health Directorate based on the Framework is also recommended to occur immediately following review of the Framework. The development of the CS Framework for nurses and midwives with input from allied health professionals has provided a step towards development of an interdisciplinary framework in the future.

Appendix 2 – Different types of Supervision for Nurses and Midwives

	Point-of-care supervision				Facilitated professional development			Clinical Supervision (reflective)
	Clinical facilitation	Buddying	Preceptorship	Clinical teaching	Peer review	Coaching	Mentoring	Clinical Supervision
Method of provision	Supervision and support of nursing and midwifery students during clinical placement Informal/formal Individual or group	Welcome and orientation to the new work environment Informal Individual	Clinical support for new staff during the transition to a new work environment Informal/formal Individual	Education on specific clinical and non-clinical skills Opportunistic Informal/formal Individual or group	Evaluation of care by a colleague of a similar level of experience and position Informal/formal Individual or group	Development of specific skills and knowledge to attain identified goal Informal/formal Individual or group	Senior professional shares knowledge and expertise to nurture professional growth Informal/formal Individual – instigated by the mentoree	Reflection on work and professional issues Formal/structured Individual or group
Duration	Short–medium term	Short term (approximately first three months)	Short term (approximately three–six months)	Short term Episodic/planned	Short–medium term (at regular intervals or in response to need)	Short term	Long term (frequency flexible according to need/availability)	Long term (monthly)
Feedback process	Feedback to student May include feedback to an education provider	Feedback to new staff member and NUM/MUM	Feedback to the preceptee and NUM/MUM	Feedback to the learner and NUM/MUM as required	Feedback to peer(s) NUM/MUM awareness of peer review process	Feedback to coachee May include feedback to manager	Feedback to mentee Manager may be informed by mentee	Feedback to supervisee(s)
Intended outcomes	Safe patient care during student learning Application of skills and knowledge to practice Feedback, guidance and encouragement to continue development Working towards competency attainment	Quicker integration into the work environment Interactions with NUM/MUM are more focused on key areas Increased opportunity for connection with other staff	Increased knowledge, clinical skills and application of theory to practice Safe clinical practice and supported transition to work environment Competency attainment	Increased knowledge, clinical skills and application of theory to practice Safe clinical practice Competency attainment	Quality and safe care Performance accountability and enhancement Professional development Measuring practice against professional standards of practice	Focused support in the attainment of goals Empowering and enabling Improved performance and wellbeing Development of future leaders	Extended support in the attainment of goals Further development of capacity and skills Sustained development of leaders	Improved clinical practice and professional development Exploring new ways of working or dealing with difficult situations More reflective, vibrant professional staff members
Examples	Observation of direct patient care and indirect care by RN/RM in accordance with student's level of training and experience Case discussion/review Debriefing	Orientation to physical work environment New staff member able to ask questions freely	Orientation to clinical procedures and processes Support to achieve learning goals Observation of competency and transition	Teaching opportunities: - direct patient care - at clinical handover - during ward rounds - education sessions	Review of medication errors and falls Auditing of files to improve documentation Case review Root cause analysis	Action Learning Sets Leadership development Clinical leadership programs including 'Take the Lead' (for managers)	Mentoring programs Development of managers and clinical leaders	Individual or group supervision with a trained supervisor Peer supervision

Health Education and Training Institute (2013).

Appendix 3 – Framework Summary

Vision Statement

All ACT Health nurses and midwives have access to effective Clinical Supervision as a core component of professional practice and development.

Framework Purpose

The purpose of the 'CS Framework for ACT Nurses and Midwives' (the Framework) is to enable the implementation and sustainability of effective CS (CS), a workforce strategy focused on professional development and support,
for nurses and midwives.

Background

In 2020 the Chief Nursing and Midwifery Officer (CNMO), ACT Health Directorate acted on the 'Position Statement: CS for Nurses and Midwives' released in 2019 by the Australian College of Midwives (ACM), Australian College of Mental Health Nurses (ACMHN), and Australian College of Nursing (ACN). 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. A CS Pilot Project (July 2020-June 2021) included the training of CS supervisors, commencement of a CS Coordinator (part-time, ACT Health Directorate),
and establishment of a CS Strategic Planning and Implementation Committee. A key recommendation from the CS Pilot Project was the development of CS Framework for nurses and midwives.

Framework Aims and Principles

The aims of the Framework are:

1. To formally align ACT Health with CS best practice as outlined in the 'Position Statement: CS for Nurses and Midwives' and Background
   Paper (2019).
2. To provide a foundational structure to support the governance of CS and guide development/review of CS Policy/Guidelines by Canberra Health Services (CHS), Calvary Public Hospital Bruce (CPHB) and the ACT Health Directorate.
3. To facilitate a shared understanding of CS and the roles and responsibilities of supervisees, supervisors, organisations and operational Managers to enable promotion of CS and awareness of operational and resource requirements.
4. To enable integration of CS with other ACT Health workforce strategies and initiatives for nurses and midwives within the ACT Health Directorate Strategic Plan.
5. To support standardised evaluation of CS effectiveness for nurses and midwives, implementation processes and the impact of CS through continuous quality improvement activities and research.

Framework benefits

The Framework is a practical resource to enable access to CS for all nurses and midwives. Clarity about CS, and the roles and responsibilities of supervisees, supervisors, and operational managers/organisations, will assist development of CS Policy/Guidelines and benchmark local implementation. The ACT Health Directorate is leading the way as the Framework is the first known document of its kind developed in Australia to guide CS best practice for nurses and midwives in alignment to the CS Position Statement
(ACM, ACMHN, ACN, 2019).

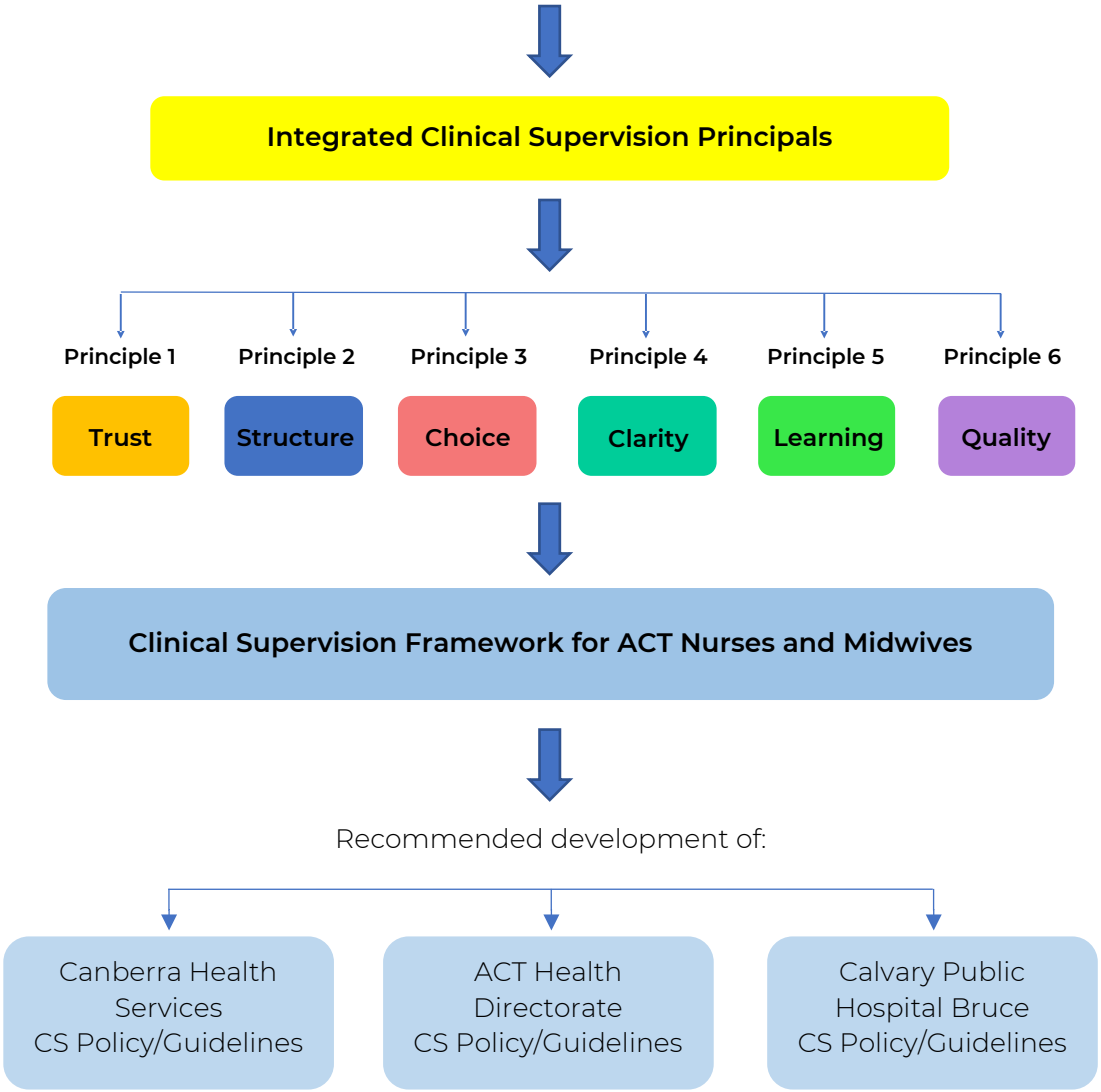
Position Statement: Clinical Supervisions for Nurses and Midwives

Australian College of Midwives, Australian College of Mental Health Nursing, Australian College of Nursing, 2019

Position Statement Definition of Clinical Supervision

CS is 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. CS 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



Core Principals of Clinical Supervision

The Framework is underpinned by six integrated core principles evident in the literature. The principles contribute to effective CS and the successful implementation and sustainability of CS.

Figure 2: Six core principles of CS

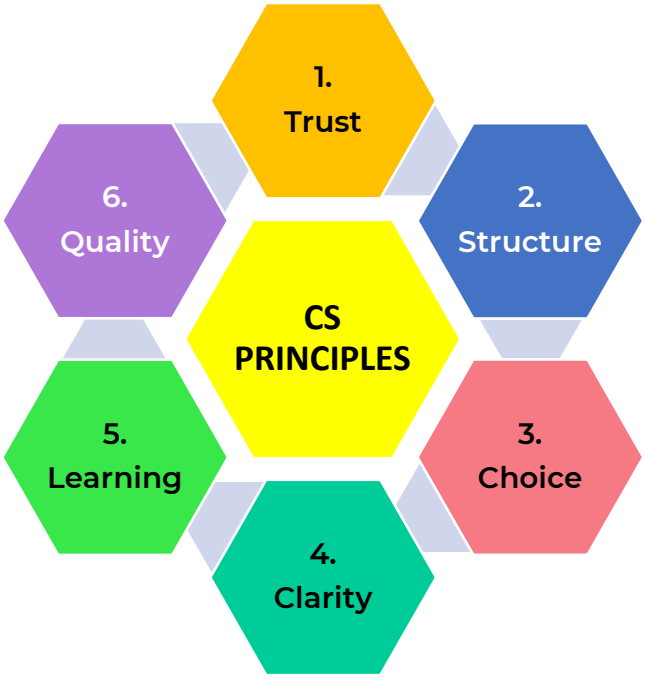


Table 1: Principles underpinning CS implementation and sustainability

Principle 1 **TRUST**	Development of a safe trusting supervisee/supervisor relationship is enhanced by a non-hierarchical, nurturing, inclusive and culturally respectful approach.
Principle 2 **STRUCTURE**	CS is a formal and structured process, underpinned by a theoretical model/s that enable critical reflection and support.
Principle 3 **CHOICE**	CS is supervisee-led, with the overall goal/s and session focus chosen by the supervisee, enabling tailored learning and support that is relevant and meaningful.
Principle 4 **CLARITY**	The roles and responsibilities of supervisees, supervisors, and managers/organisations are clearly understood and supported by organisational CS policy/guidelines and CS agreements.
Principle 5 **LEARNING**	Education about CS, continuous development of supervisors through experiential learning and their own CS, enables quality supervision.
Principle 6 **QUALITY**	Regular review of the supervisee/supervisor relationship, the effectiveness of CS for the supervisee, and implementation monitoring and evaluation, enhances continuous quality improvement.

Framework Recommendations Summary

- Distribution and promotion of the Framework to ACT Health services and partners.
- Development of aligned CS Policy/Guidelines within 12 months by CHS, CPHB, and the ACT Health Directorate.
- CS implementation and sustainability planning and standardised evaluation informed by the Framework.
- Formal integration with other workforce initiatives and reporting.
- Collaboration with allied health and other healthcare professionals to develop an interdisciplinary CS Framework and CS Community of Practice for ACT Health.

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