

REFLECTIVE CLINICAL SUPERVISION (RCS) FOR PROFESSIONAL DEVELOPMENT OF STAFF POLICY®

DOCUMENT SUMMARY/KEY POINTS

- The Sydney Children's Hospitals Network supports and encourages a supportive professional development and learning culture for all staff, as this contributes to overall wellbeing.
- 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
- The process provides an environment for the participants to evaluate, reflect on and develop their clinical and professional practice in a supportive environment.
- Clinical supervisors are trained in facilitation and provide opportunities for individuals and/or small groups to attend regular sessions.
- Participants in RCS demonstrate a commitment to the practice by ensuring they are available to attend the regular sessions.
- **See also RCS Intranet page:** [Reflective clinical supervision | The Sydney Children's Hospitals Network \(nsw.gov.au\)](#)

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	11 October 2022	Review Period: 3 years
Team Leader:	Education Nurse Manager	Area/Dept: Education unit

CHANGE SUMMARY

- N/A – new document.

READ ACKNOWLEDGEMENT

- Training Required – Clinical Supervisors require appropriate training (either in-house or from reputable other providers) prior to becoming a supervisor.
- Read/Acknowledge – all SCHN staff should acknowledge the document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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Introduction

The Sydney Children's Hospitals Network (SCHN) supports and encourages a professional development and learning culture for all staff. Staff have access to RCS (as defined below), where support is provided to improve the facilitation of reflective practice and professional skill. RCS provides an environment for participants to evaluate, reflect on and develop their clinical and professional practice in a supportive environment.

RCS may be facilitated individually or in groups depending upon the availability of a supervisor and Supervisee requirements.

Performance line management supervision, education or counselling is excluded from this document (see below).

See also **Reflective Clinical Supervision Intranet page:** [Reflective clinical supervision | The Sydney Children's Hospitals Network \(nsw.gov.au\)](#)

Reflective Clinical Supervision Definition

Differentiation from other Supervisory Processes

- RCS 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.¹
- RCS is regular protected time for facilitated in-depth critical reflection on clinical practice. It aims to enable the supervisee to achieve, creatively develop and sustain a high quality of practice through focused support and development.
- RCS is a process of engaging in guided reflection and evaluation of clinical practice with a suitably qualified and experienced practitioner, individually or in small groups, and enable ongoing development or advancement of clinical, therapeutic, ethical, professional standards of care, and evidence based practice.

Clinical Supervision is NOT:

- Point of care supervision (clinical teaching/ clinical facilitation/ preceptorship/ buddying)
- Facilitated professional development (peer review/ coaching/ mentoring)
- Operational management processes (managerial supervision/ performance review & professional development planning / disciplinary processes/ operational team meetings)
- Clinical management processes (case reviews & handovers/ grand rounds & case presentation/ clinical team meetings)

- Professional supervision (trainee evaluation / gate-keeping into professional membership)
- Personal staff support (critical incident stress debriefing / counselling or psychotherapy)

Goals

The main goals of RCS are to:

- Develop professional practice through reflection.
- Support learning and effective clinical decision-making.
- Facilitate role development through reflection.
- Ensure safe, ethical, and professional standards of practice.
- Provide professional peer support. Actively contribute to the health & wellbeing of SCHN staff – in conjunction with other Network initiatives & Departments working in this area (Health & Wellbeing).

Clinical Supervision Responsibilities

Shared Responsibility of Supervisors and Supervisees

- Jointly negotiate the structure and “ways of working” at the commencement of the supervisory relationship. These may be clarified along with any specific needs, expectations, duration and amended or added by mutual agreement.
- Confidentiality is a priority. What is said and discussed during RCS sessions (individual or group) is not discussed elsewhere unless it impacts upon the health, wellbeing and/or safety of patients, their families or colleagues within the Network. .
- Ensuring relevant SCHN guidelines and policies are observed.

Responsibility of Supervisors

- Ensure participants understand the supervision process and its purposes
- Regularly review the supervision process to tailor to the needs of the individual or group being clinically supervised.
- Clinical Supervisors are responsible for maintaining de-identified records of RCS agreements, dates and times of meetings, and evidence of review as part of the delivery
- Maintain a record of Supervisees being worked with.
- Accept responsibility for the facilitation of each RCS session.
- Be appropriately trained and competent to provide RCS
- Undertake RCS for their own ongoing development.
- Maintain a regular record of sessions & the evaluation of their effectiveness

Responsibility of Supervisees

- To establish their own RCS by approaching potential supervisors.
- To consult and negotiate with their manager/team leader the level of support required to meet their RCS obligations.
- To be responsible for keeping appointments and notify supervisor in advance of any absences.
- To come to supervision with content prepared and ready for reflection.
- Supervisees are encouraged to keep a professional portfolio, with a record of times and dates of supervision sessions. A reflective diary including key issues and learning may be maintained according to their own needs.

Responsibility of Education Department

- Ensure an updated list of trained Clinical Supervisors is maintained.
- Ensure appropriate support is provided to assist managers and supervisees.

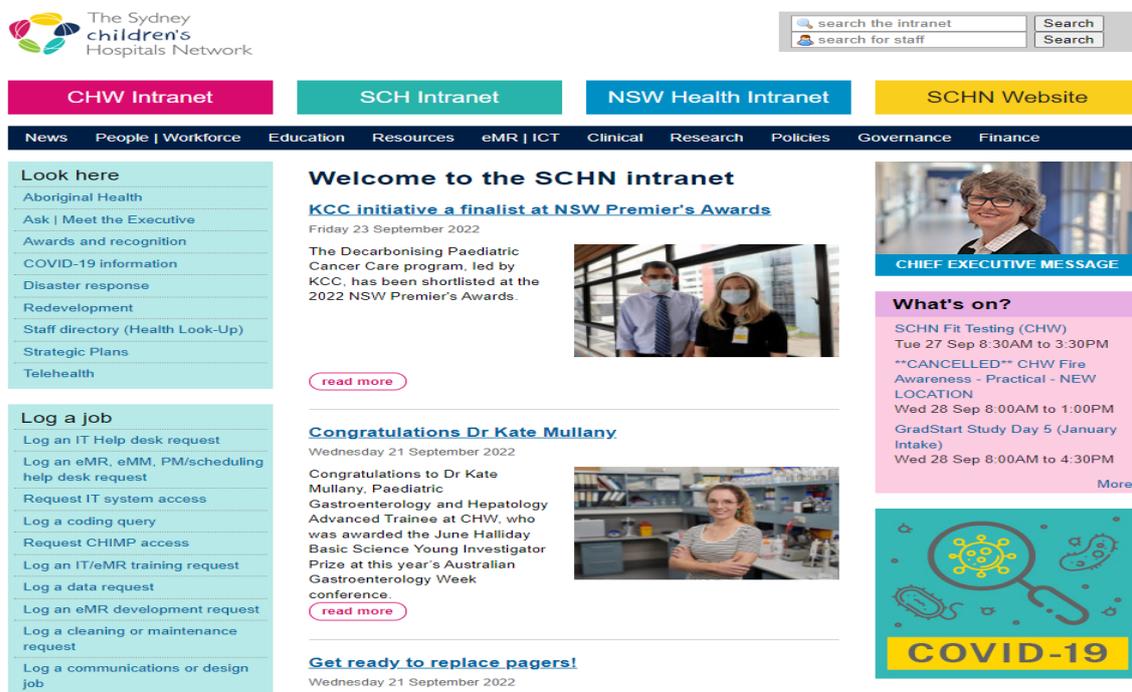
Procedure

1.1 Requesting Reflective Clinical Supervision

Any SCHN staff member may request to participate in RCS.

Simply go to the Network Intranet home page: <https://intranet.schn.health.nsw.gov.au/>

Click on “Education” on the Black Ribbon



The screenshot shows the SCHN Intranet homepage. At the top left is the logo for The Sydney Children's Hospitals Network. To the right are search boxes for 'search the intranet' and 'search for staff'. Below these are four main navigation buttons: 'CHW Intranet' (pink), 'SCH Intranet' (teal), 'NSW Health Intranet' (blue), and 'SCHN Website' (yellow). A dark blue navigation bar contains links for News, People | Workforce, Education, Resources, eMR | ICT, Clinical, Research, Policies, Governance, and Finance. The main content area is divided into several sections:

- Look here:** A list of links including Aboriginal Health, Ask | Meet the Executive, Awards and recognition, COVID-19 information, Disaster response, Redevelopment, Staff directory (Health Look-Up), Strategic Plans, and Telehealth.
- Log a job:** A list of links for various requests such as IT Help desk, eMR/eMM/PM/scheduling help desk, IT system access, coding queries, CHIMP access, IT/eMR training, data requests, eMR development, cleaning/maintenance, and communications/design.
- Welcome to the SCHN intranet:** A central section with a date of Friday 23 September 2022. It features a headline 'KCC initiative a finalist at NSW Premier's Awards' with a photo of two people and a 'read more' link. Below this is 'Congratulations Dr Kate Mullany' dated Wednesday 21 September 2022, with a photo of Dr. Mullany and a 'read more' link. At the bottom is 'Get ready to replace pagers!' dated Wednesday 21 September 2022.
- CHIEF EXECUTIVE MESSAGE:** A section with a photo of a woman and a 'read more' link.
- What's on?:** A pink section listing events: 'SCHN Fit Testing (CHW) Tue 27 Sep 8:30AM to 3:30PM', '**CANCELLED** CHW Fire Awareness - Practical - NEW LOCATION Wed 28 Sep 8:00AM to 1:00PM', 'GradStart Study Day 5 (January Intake) Wed 28 Sep 8:00AM to 4:30PM', and a 'More' link.
- COVID-19:** A teal section with a magnifying glass icon and the text 'COVID-19'.

Then select Reflective Clinical Supervision (RCS) from the Services menu on the left side

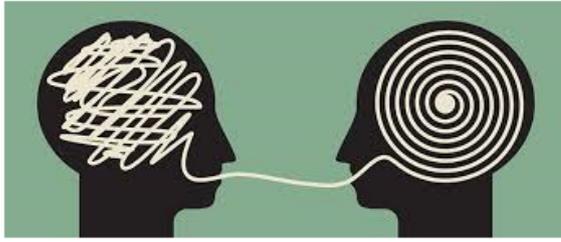
You will then arrive at the reflective clinical supervision intranet page:

<https://intranet.schn.health.nsw.gov.au/schn-education-and-training-services/reflective-clinical-supervision-rcs>

News	People Workforce	Edu
SCHN Education and Training Services		
Sydney Child Health Program (SCHP)		
*Contact us		
Book a CHW education room		
Book your CHW Audio Visual equipment		
ClinConnect		
Education Calendar		
Education rooms facilities CHW		
Eventbrite events		
HETI Leadership and Management Programs		
Mandatory training for managers		
Medical library		
Project management training		
Raise the St8ndards		
Reflective Clinical Supervision (RCS)		
Simulation training		
Training and education for nurses		

Here you can find further information on how RCS is seen & structured within the Network; you can link to a brief form to register your interest in receiving RCS or providing RCS as a supervisor.

Reflective Clinical Supervision (RCS)



What is Reflective Clinical Supervision (RCS)?

Reflective Clinical Supervision (RCS) 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, ACN, ACMHN 2019).

Clinical supervision is regular protected time for facilitated in-depth critical reflection on clinical practice. It aims to enable the supervisee to achieve, creatively develop and sustain a high quality of practice through focused support and development.

Would you like to access clinical supervision or volunteer as a supervisor?

For those who would like supervision

- [Complete the EOI](#)
- Nominate a preferred supervisor (if known)
- Education contacts nominated supervisor
- Supervisor accepts or rejects request
- RCS begins: a regular review process to be completed by both parties.

Notes:

- Availability of groups will depend on the availability of a supervisor.
- Date and times are negotiated between the Clinical Supervisor and a register of membership is maintained by the Practice Development Nurse Education Manager (PDNEM).
- Approved Clinical Supervisor lists are updated on a regular basis and are maintained by the PDNEM.
- A RCS Agreement must be completed. Refer to Appendix 1 for a RCS Agreement template.

1.2 RCS Supervision Agreements

Reflective CLINICAL SUPERVISION AGREEMENT (RCSA)

Agreements which have been mutually developed and agreed will provide the foundation on which RCS will succeed. The agreement should include roles and responsibilities of the supervisor and supervisee/s as well as agreed boundaries and ground- rules for on-going sessions. These should be undertaken at the first meeting of the session. These agreements can include (but not limited to):

- Punctuality and respectful responses when unable to attend meetings.
- Each member of the group is respected and valued for their participation and contribution.
- Respectful, honest and open communication.
- Start and finish on time.
- Turn off all pagers and phones during meeting.
- Active participation in group discussion.
- Frequency of meetings and clarity around roles and responsibilities.
- Documentation which may be maintained (e.g. supervisor keep a track of previous meeting discussion to ensure flow and resolution but not to be shared outside the session).
- Process for the resolution of conflict between group and supervisor.

Note: For ongoing sessions, the RCSA should be reviewed regularly.

A SUGGESTED RCSA DOCUMENT IS OFFERED BELOW- see Appendix 1

1.3 Documentation and Reporting

There is no requirement to document the *content* of RCS sessions. If agreed by both parties, supervisors and supervisees may document content of supervision sessions and maintain documentation themselves. In this instance, documentation must remain confidential and stored securely until no longer required and appropriately destroyed.

Where there are safety or wellbeing concerns, these should be acted upon in a timely manner, followed up and documented accordingly. This will often mean that other parties (line managers, professional/discipline leaders) will need to be made aware of concerns arising from a session.

However, documentation of RCS agreements, dates and times of meetings, and evidence of review is required and should be regularly forwarded to the PDNEM.

1.4 Evaluation and Review

The Supervision itself & the practice(s) involved are evaluated along the following lines:

1. Each session is fed-back by the Supervisee.
2. The Supervisee provides longitudinal feedback on the process after every 6 sessions.
3. The Supervisor provides a summary of their feedback and how they are monitoring their own ongoing needs via feedback to the PDENM every 6 months.

See Appendices 2 – 4 below.

- Individual Clinical Supervisor training programs are routinely evaluated.

References and Acknowledgement

1. ACMHN et al (2019) Position Statement Clinical Supervision for Nurses and Midwives
2. Bambling M. (2018) Supervision outcomes. Clinical 'SUPER'vision: power passion purpose. Australian Nursing and Midwifery House, Melbourne, Victoria, Australia: Australian Clinical Supervision Association.
3. Bond, M. & Holland, S. (1998) Skills of Clinical Supervision: A practical guide for supervisees, clinical Supervisors, and managers, Buckinghamshire: Open University Press.
4. McKellar, L. and Graham, K. (2017). A review of the literature to inform a best-practice clinical supervision model for midwifery students in Australia. Nurse Education in Practice. 24 92-98.

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Appendix 1 – Reflective Clinical Supervision Agreement (RCSA)

Date of agreement	
Clinician	
Clinical supervisor	
Team leader	
Review date	

1. Clinical supervision will address the following areas:

2. Clinical supervision will take the following form and frequency

(e.g. 1:1 meeting, group meetings; weekly/monthly/other):

3. Confidentiality

Our understanding of confidentiality is that the content of support meetings is confidential between the parties, but where there are issues regarding clinical risk and/or performance management, information may need to be shared with other relevant parties. Should information need to be shared, the supervisor will advise the clinician in advance of this occurring, including what information will be shared, with whom and for what purpose.

Other areas to consider:

4. Record of clinical supervision

Who will record it?

Where will the records be kept?

Who has access to this information?

What will happen to the clinical supervision notes when:

The clinician leaves their position?

Notes will be maintained/Archived in line with record management policies.

5. Clinical supervision meetings (if applicable)

The clinician will prepare for each meeting by:

The clinical supervisor will prepare for each meeting by:

Should a meeting need to be rescheduled we agree to:

6. Other considerations

The details of this document can be modified at any time when agreed by both parties.

Signed: _____ Date: _____

Name: _____

Signed: _____ Date: _____

Name: _____



Appendix 2: Reflective Clinical Supervision Session Evaluation

- **1. Did your session today meet your supervision goals and/or objectives?**

- Yes
- No

- **2 What goals, themes or objectives were you hoping to explore and/or did you explore during your session today? (e.g. skill-development, role satisfaction, relationships with clients/colleagues/peers, etc.)**



- **3 My supervisor maintained the focus of the session on the issue I brought and supported me to identify learnings or actions to take away.**

- 1 - strongly disagree
- 2 - disagree
- 3 - neutral
- 4 - agree
- 5 - strongly agree

• **4 My supervisor created an environment where I felt safe and supported.**

- 1 - strongly disagree
- 2 - disagree
- 3 - neutral
- 4 - agree
- 5 - strongly agree

• **5 Was the physical location and environment conducive to privacy and safety?**

- Yes
- No

• **6 Do you have any additional comments about your reflective clinical supervision session?**



Appendix 3: Longitudinal Evaluation of Reflective Clinical Supervision (RCS): Supervisor

For completion on a 6 monthly basis

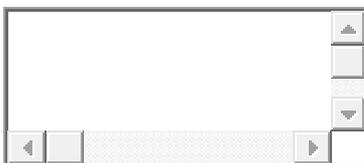
- **1 What common themes of development arise from your supervisee's sessions (e.g. role satisfaction, skill-development, relationships with clients/colleagues/peers, etc.)?**



- **2 What tools, resources or structures do you use most regularly in your RCS sessions?**



- **3 Do you feel you have sufficient skills and/or resources to provide RCS? Why/Why not?**



- **4 What would improve your ability to provide RCS as a supervisor in SCHN?**



- **5 Are there any further ways SCHN could support you in providing RCS?**



Appendix 4: Longitudinal Evaluation of Reflective Clinical Supervision (RCS): Supervisee

- **1 What are the main strengths of your supervisor in providing RCS?**



- **2 What are the main professional benefits you have experienced engaging in RCS?**



- **3 RCS is important as a general feature of my professional development.**

- 1 - strongly disagree
- 2 - disagree
- 3 - neutral
- 4 - agree
- 5 - strongly agree

- **4 What other forms of supervision are you involved in? (e.g. coaching, mentoring, professional supervision, etc)**



- **5 A regular feature of RCS sessions has been:**

	1 - strongly disagree	2 - disagree	3 - neutral
A clear purpose/focus/key theme is identified at the start of each session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A systematic and detailed exploration of the key focus/theme occurs each session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Key learnings or actions are identified at the end of each session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- **6 Is there anything that would improve your experience of RCS?**

