

Clinical Supervision Guidelines

Program management circular

Key message

Mental health services must develop a framework for clinical supervision that promotes access for all staff, is consistent with professional and industrial obligations and supports clinical governance. Policies and procedures should be developed that outline the models and processes of clinical supervision available in the organisation.

Purpose

To provide advice on the principles that inform the implementation of clinical supervision in clinical mental health services.

Background

Clinical supervision refers to a formal, structured process of professional support. Supervision assists staff to understand issues associated with their practice, to gain new insights and perspectives, and to develop their knowledge and skills while supporting staff and improving consumer and carer outcomes. Clinical supervision may involve individual, group or peer approaches; and can be informed by a variety of theoretical perspectives. The process of clinical supervision is different from management/administrative supervision, where the former emphasises professional development and support and the latter monitors work performance.

Clinical supervision should also be distinguished from preceptorship and mentoring. Preceptorship is where an experienced clinician provides a supportive, educative environment to facilitate the transition from student to competent practitioner. Mentorship is the provision of support to younger colleagues in their career development by an experienced and trusted advisor.

There are different models of clinical supervision that reflect the differing professional training and expectations, work contexts and needs of staff. When determining the supervision model/s to be implemented by the mental health service, consideration should be given to the experience and knowledge of the supervisee, the supervisor's preference or style of working, the needs of the supervisee and the context of work. It is anticipated that there will be different models of supervision operating within a mental health service, therefore it is essential that the supervisee and the supervisor or supervisory group discuss the parameters of the supervision relationship.

The Centre for Psychiatric Nursing Research and Practice convened a working group to develop guidelines for the implementation of clinical supervision in psychiatric nursing. These guidelines will be finalised in early 2006 and will be available on their website (www.cpnrp.unimelb.edu.au). In addition, other professional groups, including psychiatrists, psychologists, social workers and occupational therapists have developed discipline specific guidelines on supervision. These guidelines are available from professional organisations and should be referred to when developing policies and procedures.

About program management circulars

The information provided in this circular is intended as general information. Mental health service management should ensure that policies and procedures are developed and implemented to enable staff to participate in clinical supervision in their service.

Implementation of clinical supervision

1. Develop policies and procedures

Mental health services should develop policies and procedures for the implementation of clinical supervision. Clinical supervision should be available to all employees in direct care roles and be consistent with professional and industrial obligations.

Policies and procedures should:

- outline the different supervision requirements of different professionals within the organisation
- clarify the distinction between supervision and performance management
- describe the forms of supervision available in the organisation and how they are to be accessed
- describe the process for choosing or changing a supervisor
- clarify the responsibilities of the supervisor and supervisee, and
- identify the expectations of confidentiality within the supervisor/supervisee relationship.

The development of clinical supervision policies and procedures should be collaborative and involve both staff and management. It is expected that senior professionals in each discipline will have a leadership role in the development, implementation and evaluation of policies and procedures.

2. Consider incremental implementation

While some disciplines in mental health have a long tradition of supervision, for other professional groups it may be a new process. Therefore the implementation of clinical supervision in some mental health services may need to be incremental to ensure that supervisors are trained and staff are provided with sufficient information to make informed choices regarding their supervision needs. In such situations, mental health services should develop implementation plans that detail the local process for implementation and the anticipated time frame for full implementation.

3. Education and training

Education and training in clinical supervision is essential to both increase the pool of available supervisors and provide information to staff on the organisation's approach to clinical supervision. Staff should have access to professional development activities that enhance their understanding of clinical supervision. All supervisors should have access to ongoing professional development relevant to their supervision activities.

4. Clinical governance

Policies and procedures must clarify the status of clinical supervision within the clinical governance framework. Clinical management is the responsibility of the multidisciplinary team coordinating care, and ultimately the Authorised Psychiatrist.

5. Evaluation

Mental health services should develop evaluation processes to regularly monitor the implementation of clinical supervision and the impact on consumer and service outcomes.

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