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| Victorian allied health clinical supervision framework |
| Organisational self-assessment and performance indicator tool |

# Introduction

The organisational self-assessment and performance indicator tool assists organisations to review their performance against The Victorian allied health clinical supervision framework (the framework) and to identify areas for further development where required. Examples of performance indicators at allied health worker and health and community service levels have been developed to enable organisations to undertake detailed evaluation and planning against areas of identified need.

This organisational self-assessment and performance indicator tool can be used to:

* enable health and community services organisations to identify areas of clinical supervision practice for targeted action
* prioritise which principles and associated elements to focus on
* develop associated action plans aligned with the area/s of focus.

# How to use the tool

The organisational self-assessment and performance indicator tool is not designed for use by individuals. Clinical supervisors and supervisees may use the Clinical supervision skills review tool to undertake self- and/or peer-assessment for their own development needs.

Organisations may include a range of internal representatives from different areas to complete the self-assessment and performance indicator tool. As a guide, this process should take around two hours, depending on the number of principles reviewed. It is suggested that the tool be completed in the following manner:

1. **Complete the organisational self-assessment**

The self-assessment can be used to inform planning in a single area (such as one discipline or program), or across multiple areas. If it is being used across multiple areas, it is suggested that the overall rating is based on the area where there the activity is performed the least well. Completing the self-assessment will enable the prioritisation of areas of focus aligned with specific principles. It is suggested that organisations focus on one to two principles at a time. Organisations should consider nominating a lead for the self-assessment (for example, a manager, team leader or clinical educator) and involving representatives from a range of professional groups and programs. Completing the self-assessment tool should take approximately 1–1.5 hours.

1. **Review the performance indicator tool for the relevant principle/s**

Organisations should then proceed to reviewing the performance indicator tool/s aligned with the area of focus that has been chosen. The performance indicator tool includes indicators of achievement mapped against each of the relevant principle element statements for the allied health worker and health and community services levels. The indicators of achievement have associated examples of performance indicators and indicator measurement to assist organisations with evaluating and monitoring achievement aligned to the principle. Organisations may further refine areas of focus that relate to specific element statements or indicators. For each principle this process should take between 0.5–1 hour.

1. **Develop an organisational action plan**

It is suggested that the organisations develop an action plan to document and outline how improvements will be made. The action plan should include specific actions, who is responsible for completing the actions and recommended timeframes for completion. The action plan should also include a schedule for completing the next organisational self-assessment, which may be at an interval of between one and three years, depending on the number of areas for development identified.

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# Organisational self-assessment tool

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| Completed by: |  |
| Date: |  |

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| # | Supervision area of focus | Current gap | Partially implemented | Established | Notes | Suggested area of focus |
| 1 | All allied health workers have access to clinical supervision. |  |  |  |  | Principle 1 |
| 2 | A defined process matches supervisees with clinical supervisors based on the developmental level of the supervisee. |  |  |  |  | Principle 1 |
| 3 | Roles and responsibilities for supervisees, clinical supervisors and managers are clearly defined. |  |  |  |  | Principle 2 |
| 4 | Organisational level standards and expectations for clinical supervision (e.g. documentation requirements, form and frequency of sessions) are clearly defined. |  |  |  |  | Principle 2 |
| 5 | There are identified processes to address risks relating to staff that are raised in supervision. |  |  |  |  | Principle 3 |
| 6 | Processes to address risks relating to patients that are raised in supervision can be identified. |  |  |  |  | Principle 4 |
| 7 | Clinical supervision is incorporated into supervisee and clinical supervisor professional development plans. |  |  |  |  | Principle 4 |
| 8 | Allied health workers have access to clinical supervision training and/or resources to support their roles as supervisees/clinical supervisors. |  |  |  |  | Principle 5 |
| 9 | A process to monitor and evaluate clinical supervision from an organisational perspective can be identified. |  |  |  |  | Principle 6 |

# Performance indicator tool

## Principle 1: Clinical supervision is available to all allied health workers to optimise patient care and outcomes

### Allied health worker

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Supervisees are responsible for, and committed to, receiving clinical supervision and ongoing professional development. | Supervisees access clinical supervision in line with organisational policies and procedures.  Time for clinical supervision is prioritised within supervisee workloads.  Clinical supervision is used to inform the supervisee’s professional development plan. | Ratio of staff receiving clinical supervision/staff not receiving clinical supervision | Audit of clinical supervision logs  Audit of dates of supervision sessions |
| 1. Clinical supervisors are committed to ensuring they provide effective clinical supervision. | Clinical supervisors provide clinical supervision in line with organisational policies and procedures and relevant professional standards.  Time for clinical supervision is prioritised in clinical supervisor workloads.  Clinical supervisors undertake a process of evaluating the knowledge, skills and behaviours required to provide effective clinical supervision. | Use of clinical supervisor skills self-assessment | Audit of clinical supervision logs  Self-assessment against Clinical supervision skills review tool |

### Health and community service

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Health and community services provide access to clinical supervision at a level appropriate for the supervisee’s qualifications, experience and needs. | Health and community services ensure that staff access clinical supervision in line with organisational guidelines and policies.  Health and community services ensure that there is an agreed process for supervision partnerships based on the supervisee’s qualifications, experience and learning needs.  Health and community services ensure that staff are oriented to organisational clinical supervision policies and procedures. | Evidence of models of clinical supervision in place  Evidence of clinical supervision policy or procedure outlining organisational models of supervision | Register of clinical supervision partnerships  Review of organisational policies and guidelines |
| 1. Health and community services provide a strong and measurable commitment to their staff accessing clinical supervision. | Health and community services ensure that expectations for staff to access clinical supervision are outlined in organisational policies and procedures.  Health and community services have explicit procedures in place to describe the sustainable implementation of clinical supervision within the service, including expectations for the mode of delivery, frequency and duration of clinical supervision sessions. | Existence of organisational clinical supervision policy or guideline describing clinical supervision models in place  Clinical supervision is a KPI in allied health position descriptions | Review of policy and guideline document content  Review of position description content |

## Outcomes of success for Principle 1

Outcome 1: Allied health workers are receiving clinical supervision at appropriate times to ensure high quality and safe care

Outcome 10: Clinical supervision is integrated into health and human services workforce programs

## Principle 2: Clinical supervision supports best practice and consistent delivery of patient care

### Allied health worker

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Supervisees and clinical supervisors have a shared understanding of the purpose of clinical supervision and their roles and responsibilities. | Supervisees and clinical supervisors jointly ensure that there is discussion and negotiation around agreement of roles and responsibilities in line with organisational and professional expectations and standards. | Evidence of use of clinical supervision agreements | Audit of use of clinical supervision agreements |
| 1. Supervisees and clinical supervisors are responsible for maintaining appropriate records of clinical supervision sessions. | Supervisees and clinical supervisors ensure that there are records kept that provide a record of clinical supervision activity in line with organisational and professional standards. | Existence of records of clinical supervision | Audit of clinical supervision logs |

### Health and community service

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Organisational processes and resources are in place outlining the purpose of clinical supervision. | Health and community services ensure that the purpose of clinical supervision is outlined in organisational policies and procedures. | Processes are resources are outlined in organisational polices or procedures | Review of policy and protocol document content |
| 1. Organisational governance arrangements are in place to support clinical supervision for all health professionals. | Health and community services ensure that governance arrangements for clinical supervision (including roles and responsibilities of supervisees, clinical supervisors and managers and processes for addressing risks relating to patient or worker safety) are outlined in organisational policies and procedures. | Governance arrangements are outlined in organisational polices or procedure | Review of policy and protocol document content |

## Outcomes of success for Principle 2

Outcome 2: The process of providing feedback, usually through conversations, is embedded into routine practice

Outcome 7: Clinical care is supervised and is appropriate to patient condition and supervisees’ skills.

Outcome 9: Resources and tools are available to support high quality clinical supervision

Outcome 11: Health and community services use relevant and appropriate data about clinical supervision practices to inform decision-making

Outcome 12: Health and community services have mechanisms in place to assess the quality and outcomes of clinical supervision

## Principle 3: Clinical supervision supports professional and wellbeing needs of allied health workers

### Allied health worker

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Approaches to clinical supervision are tailored to meet the professional and wellbeing needs of the supervisee based on mutual agreement between the clinical supervisor and supervisee | Clinical supervisors provide supervision that is aligned to the supervisee’s learning needs and learning style.  Review of clinical supervision occurs that helps to ensure that the supervisee’s learning needs are being met. | Evidence of use of clinical supervision agreements  Evidence of mutual development of supervisee learning goals  Evidence that processes are in place for supervisees and clinical supervisors to review supervision provided | Audit of use of clinical supervision agreements  Review of clinical supervision agreements (or other relevant documents) to ensure processes for inclusion of learning goals and feedback and review |
| 1. Clinical supervisors ensure that a safe and effective supervisory relationship is developed and maintained to meet supervisee wellbeing and support need | Clinical supervisors provide a safe and supportive learning environment and agree on boundaries of confidentiality in line with organisational and professional standards. | Supervisee perception of quality of relationship  Number of supervisees with clinical supervision agreements in place | Use of informal supervision session review tools  Formal supervisory effectiveness evaluation tools  Audit of use of clinical supervision agreements |

### Health and community service

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Clinical supervision programs and policies are supervisee-centred and based on a shared understanding of expected clinical supervision standard | Health and community services ensure that expectations for clinical supervision are outlined in organisational policies and procedures that include use of best practice processes to support supervisee learning. Expectations may include use of clinical supervision agreements, developing supervisee learning goals and ensuring supervisee input to evaluation and review of the supervision provided. | Number of supervisees with clinical supervision agreements in place  Expectations for clinical supervision are outlined in policies and procedures | Audit of use of clinical supervision agreements  Review of clinical supervision policies and procedures |
| 1. Organisational processes are in place to enhance supervisee professional support and wellbeing | Health and community services ensure that processes for supervisee support, including processes to address issues relating to clinical supervision provided and access to employee assistance programs, are outlined in organisational policies and procedures. | Processes for supervisee support are outlined in policies and procedures including for those accessing clinical supervision external to the organisation | Review of clinical supervision policies and procedures |

## Outcomes of success for Principle 3

Outcome 2: The process of providing feedback, usually through conversations, is embedded into routine practice

Outcome 4: Allied health workers seek out employment in Victorian health services because of the supervisory environment

Outcome 5: Clinical supervision contributes to meeting allied health worker wellbeing and support needs

## Principle 4: Clinical supervision contributes to continuous professional learning and practice improvement

### Allied health worker

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Clinical supervision is recognised as an essential component of the health professionals’ (clinical supervisor and supervisee) role and is incorporated into their professional development plan. | Time for clinical supervision is prioritised within supervisee workloads.  Clinical supervision is used to inform the supervisee’s professional development plan. | Evidence of involvement of clinical supervisor in supervisee professional development plan  Evidence that learning needs identified in clinical supervision are incorporated into professional development plan | Review of organisational professional development planning tools and processes |
| 1. Clinical supervisors facilitate feedback dialogue in clinical supervision practice to support ongoing learning. | Feedback is embedded into routine practice as a means of informing supervisee learning and development and improving the quality of clinical supervision provided. | Evidence of discussion of proposed methods of feedback in clinical supervision agreement Audit of use of clinical supervision agreements | Use of informal supervision session review tools |

### Health and community service

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Health and community services support learning and development in a safe and supportive work environment. | Health and community services create a safe and supportive learning environment for supervisees and clinical supervisors to foster a continuous approach to learning that improves practice. | Evidence of compliance with Best Practice Clinical Learning Environment framework (BPCLE) | BPCLE indicators associated with Element 3: A positive learning environment |
| 1. Structured, transparent processes are in place for issues related to patient safety/risk concerns being raised in clinical supervision sessions. | Health and community services ensure that expectations for raising risks relating to patient safety, and associated boundaries of confidentiality in clinical supervision, are outlined in organisational policies and guidelines | Process documented in policy (including for external supervision) | Boundaries around confidentially and safety/risk are included in the clinical supervision agreement Review of policy document content  Review of clinical supervision agreement template content  Review of contract/agreement for external clinical supervisors |

## Outcomes of success for Principle 4

Outcome 2: The process of providing feedback, usually through conversations, is embedded into routine practice

Outcome 4: Allied health workers seek out employment in Victorian health and community services because of the supervisory environment

Outcome 6: Clinical supervision assists allied health workers in their professional development and development of their career pathways

Outcome 7: Clinical care is supervised and is appropriate to patient condition and supervisees’ skills

Outcome 8: Clinical supervision is included in allied health workers’ professional development plans

Outcome 13: Clinical supervision is viewed as integral to the quality of the health and human services system

## Principle 5: Clinical supervision is high quality and health professionals are supported to develop their skills in clinical supervision

### Allied health professional

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Allied health workers use reflection to identify areas for skill development in clinical supervision. | Supervisees and clinical supervisors undertake a continual process of self-evaluation and reflection and seek feedback from others to identify their learning needs relating to clinical supervision. | Number of supervisees/clinical supervisors undertaking self and/or peer assessment using the Clinical supervision skills review tool | Self-assessment against Clinical Supervision Skills Review tool  Training/CPD records |
| 1. Clinical supervisor’s access training addressing the core knowledge and skills required to provide effective clinical supervision. | Clinical supervisors access training that aligns with their learning needs relating to clinical supervision.  Clinical supervisors ensure that they are aware of, and comply with, organisational and professional standards that support best practice clinical supervision. | Number of clinical supervisors accessing training programs | Staff survey  Training/CPD records |

### Health and community service

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Health and community services support clinical supervisors to undertake training to assist them to build on their clinical supervision skills. | Health services ensure that sustainable clinical supervision training and development options are in place for clinical supervisors.  Health services support clinical supervisors to access clinical supervision training opportunities that are relevant to the clinical supervisor’s role. | Evidence of clinical supervision training programs accessible to clinical supervisors  Evidence that the content of clinical supervision training programs align with the core competencies described in the National Clinical Supervision Competency Resource | Register of training options  Review of training program learning outcomes and content |
| 1. Health and community services ensure that clinical supervision resources and tools are available to support supervisee and clinical supervisor skill development. | Health and community services ensure that relevant clinical supervision resources and tools are available to staff.  Health and community services ensure that competencies and capabilities relating to clinical supervision are articulated and are used to inform staff development. | Evidence that resources and tools for clinical supervision are available to staff  Evidence of organisational competencies and capabilities relating to clinical supervision | Audit of accessibility of resources and tools  Register of competencies and capabilities |

## Outcomes of success for Principle 5

Outcome 3: Clinical supervisors have an opportunity to supervise and develop their clinical supervision skills

Outcome 9: Resources and tools are available to support high quality clinical supervision

## Principle 6: Clinical supervision is evaluated to enable continuous improvement of clinical supervision practice

### Allied health professional

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Evaluation and review of clinical supervision provision is an essential component of allied health professionals’ and assistants’ roles, to support reflection and continuous improvement of clinical supervision practice. | Supervisees and clinical supervisors ensure that appropriated administrative records of clinical supervision are maintained. | Evidence of use of clinical supervision agreements  Evidence that learning and development needs identified through clinical supervision are incorporated into professional development plans | Audit of use of clinical supervision agreements |

### Health and community service

| Element statements | Indicators of achievement | Performance indicator examples | Indicator measurement examples |
| --- | --- | --- | --- |
| 1. Health and community services have processes in place to monitor and evaluate the programs and models of clinical supervision in place. | Health and community services have processes in place to ensure that appropriate administrative records of clinical supervision activity are maintained.  Programs of continuous evaluation of clinical supervision are in place to ensure that the quality and efficacy of clinical supervision are able to be demonstrated. | Organisational self-assessment against the framework  Schedule for next organisational self-assessment  Evidence of planned audit and quality improvement activities relating to clinical supervision  Use of clinical supervision evaluation tools | Organisational self-assessment and related work plan  Audit and quality improvement schedule and register  Staff survey |

## Outcomes of success for Principle 6

Outcome 11: Health services use relevant and appropriate data about clinical supervision practices to inform decision-making.

Outcome 12: Health and community services have mechanisms in place to assess the quality and outcomes of clinical supervision.

Outcome 13: Clinical supervision is viewed as integral to the quality of the health and human services system.

# Organisational work plan template

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| Completed by: |  |
| Date: |  |

| Date | Principle and element statement #  Supervision area of focus # | Action  Description of action and associated tasks | Action priority  Low,  Medium,  High | Action status  Not started, In progress, Complete | Assigned to  Person responsible | Timeframe | Outcomes of success # | Progress comments  Description of achievements, roadblocks to date |
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