

**SA HEALTH**

**Allied Health**

**Clinical Supervision**

**Templates**

**March 2014**

Table of Contents

[Acknowledgements 2](#_Toc392230230)

[1. Appendices 4](#_Toc392230231)

[Appendix 1: 4](#_Toc392230232)

[Appendix 2: 9](#_Toc392230233)

[Appendix 3: 10](#_Toc392230234)

[Appendix 4: 11](#_Toc392230235)

[Appendix 5: 12](#_Toc392230236)

[Appendix 6 15](#_Toc392230237)

[2. References 19](#_Toc392230238)

[3. Resource List 20](#_Toc392230239)

# Acknowledgements

This framework is adapted from a range of supervision resources and guidelines, including but not limited to:

* Country Health SA Allied and Scientific Health Clinical Support Framework (Oct 2012).
* The Superguide – A handbook for supervising allied health professionals (2012), Health Education and Training Institute, NSW.
* Southern Adelaide Local Health Network Allied Health Clinical Supervision Framework (Sept 2013).
* Women’s & Children’s Health Network Clinical Supervision (draft)
* Southern Primary Health Clinical Supervision Guidelines and Procedures (May 2012).
* Adelaide Metro Mental Health Directorate Clinical Supervision Framework (May 2012).

The Allied & Scientific Health Office would like to acknowledge the generous contributions made by allied health staff within and across SAHLN, CHSALHN and WCHN sites in the development of this framework.

# Appendices

# Appendix 1:

**Examples of Supervision Agreements**

**CLINICAL SUPERVISION AGREEMENT**

|  |  |
| --- | --- |
| **Date Agreement Made** |  |
| **Clinician** |  |
| **Clinical Supervisor** |  |
| **Line Manager** |  |
| **Review Date** |  |

**1. Clinical Supervision will address the following areas:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Clinical Supervision will take the following form** **and frequency:**

(e.g. 1:1 meeting, team meeting, peer shadowing etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Confidentiality**

* The content of the meetings are confidential between the parties to be shared only with the consent of both parties, unless there are issues regarding risk.
* If the clinical supervisor identifies risks to clients or staff (including the supervisee), information may need to be shared.
* If disclosure were considered to be necessary by the supervisor, the supervisee will be informed of the perceived reasons for such disclosure.
* If there were legal requirements, e.g. a coroner’s inquiry or a Workcover case, the court may require disclosure by the supervisor who would then have an obligation to comply.
* Supervision content will not be provided to line managers unless previously agreed or others, in relation to performance management of the supervisee, but the supervisee could choose to do so to support her/his case in such an event.

***Other areas to consider:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***4.* Record of Clinical Supervision**

 ***Who will record it?***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Supervisors are required to record attendance of supervisees for clinical governance records.
* It is expected that supervisees and supervisors will keep their own records of supervision sessions as needed for their own reference

***Where will the records be kept?* \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Personal paper records will be kept in secure storage by both parties**.**
* If records are to be kept electronically, they must be password protected.

***Who has access to this information?***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In most cases, no other parties will have access.
* However, if there were legal issues, e.g. a coroner’s inquiry or a Workcover case, the court would have the right to require the documents.
* Clinical supervision records will not be provided to managers in relation to performance management, but might be requested by the staff member to support their case in such an event.

***What will happen to the clinical supervision notes when:***

* ***The clinician leaves their position?***

Notes will be maintained/archived in line with local records management policies and General Disposal Schedule. Records will be kept sealed and marked as confidential, with the limitations as above, for at least a 7 year period, after which time they will be destroyed according to the State Records Act of 1997.

***Additional information:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* ***The supervisor leaves their position?***

The supervisor will endeavour to discuss with the supervisee whether s/he prefers that notes should be archived or passed on to the new supervisor.

In the event of this conversation not occurring:

Notes will be maintained/archived in line with local record management policies and General Disposal Schedule. Records will be kept sealed and marked as confidential, with the limitations as above, for at least a 7 year period, after which time they will be destroyed according to the State Records Act of 1997.

***Additional information:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Clinical Supervision Meetings**

 ***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.
* A copy of this Agreement will be given to the team leader for their records
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Clinical Supervisor)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Line Manager/Professional Lead)

**ALLIED HEALTH CLINICAL SUPERVISION AGREEMENT**

**Between Supervisee and Supervisor**

|  |  |
| --- | --- |
| Clinical Supervisee Name: |  |
| Clinical Supervisee Level | New Grad: [ ]  AHP1 [ ]  AHP2 [ ]  AHP3 [ ]  AHP4 [ ]  AHP5 [ ]  AHP6 [ ]  |
|  | Other: [ ]  Specify: ………………………………………………………………… |
| Clinical Supervisee Profession |  |
| Clinical Supervisee Team |  |
| Clinical Supervisor Name |  |
| Clinical Supervisor Profession |  |
| Clinical Supervisor Classification: |  |
| Agreement Start Date | ........./………/………. |
| Agreement Review Date | ……./………/………. |
| Booking Supervision: | The Supervisee will be responsible for booking supervision sessions with the supervisor |
| Frequency of supervision: |  |
| Type of supervision: | (e.g.: refer to the framework) |
| Acceptable cancellation reasons: | (e.g.: annual/sick leave etc.) |
| Notice of cancellation: | SMS/voicemail/phone call/ e-mail/ other: |
| Punctuality is expected by both supervisee/supervisor in both starting and finishing on time (unless extenuating circumstances dictate otherwise) |
| Emergency consultation is acceptable outside of regular supervision and the acceptable contact arrangements are as follows: phone/e-mail |

**Confidentiality**

*Our understanding is that the content of supervision meetings is kept confidential between the parties. 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 supervisee in advance of this occurring, including what information will be shared, with whom and for what purpose.*

**Supervision Goals**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:*

*a) The clinician leaves their position?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*b) The supervisor leaves their position?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Supervision Sessions**

*The Clinician will prepare for each session by:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Clinical Supervisor will prepare for each session by:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Should a session need to be rescheduled we agree to:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Should a matter need to be bought to the attention of the line manager, the supervisor and supervisee will:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Considerations**

*The details of this document can be modified at any time when agreed by both parties. A copy of this Agreement will be given to the Line Manager for their records.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name: (Supervisee)**

 **Signed: Date:**

**Name: (Clinical Supervisor)**

 **Signed: Date:**

**Name: (Line Manager / Professional Lead)**

 **Signed: Date:**

# Appendix 2:

**Supervision Log**

**ALLIED HEALTH CLINICAL SUPERVISION LOG**

**Supervisee: Supervisor:**

|  |  |  |
| --- | --- | --- |
| **Date of Session** | **Type/length of session** | **Outcome/actions** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Appendix 3:

**Notes on Clinical Supervision Session**

**Present:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Apologies:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Topic** | **Discussion** | **Agreed action** |
|  |  |  |

|  |  |
| --- | --- |
| **Agenda items for next session** | **Preparation required** |
|  |  |

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Appendix 4:

**Checklist for Supervisors**

|  |
| --- |
| **CLINICAL SUPERVISION CHECKLIST FOR SUPERVISORS** |
| **Name of AHP:** |  |
| **Tick when completed** | **TASK** |
|  | Supervisor assigned |
|  | Supervisors and supervisee introduced |
|  | Supervision agreement meeting scheduled |
| **Within supervision agreement:** |
|  | Roles and responsibilities discussed |
|  | Goals of supervision decided |
|  | Methods for supervision determined, selected appropriate to skills, experience, and competence of individual and needs and organisation needs |
|  | Frequency and duration of supervision activities determined (appropriated to classification as set out in minimum standards table, AH Clinical Supervision Framework) |
|  | Supervision goals give consideration to educative, supportive and administrative functions |
|  | Specific supervision requirements of professional bodies incorporated into agreement |
|  | Confidentiality and recording of supervision activities discussed and agreed |
|  | Where appropriate, engagement of external supervision support has been negotiated |
|  | Supervision log to be recorded by ......... and saved here ...... |
|  | Date set to review supervision agreement and update ...... |
|  | Copy of Supervision Agreement sent to Supervisee |
|  | Copy of Supervision Agreement sent to Line Manager (if applicable) |

# logohorizontal-1500pxAppendix 5:

**Evaluation of Clinical Supervision**

**Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rating scale**

1. Almost never 2. Occasionally 3. Often 4. Almost always

|  |  |  |
| --- | --- | --- |
| **Quality of the Supervision Process** | **Supervisor** | **Supervisee** |
| 1. We negotiated a mutually acceptable contract specifying format, goals, roles/responsibilities and accountability of both parties.  |  |  |
| 2. The supervisor/ee fulfilled his/her commitments as specified in the contract.  |  |  |
| 3. The supervisor/ee maintained appropriate professional boundaries in the supervision relationship  |  |  |
| 4. The supervisor/ee set and worked to an agenda for the supervision session, in consultation with supervisee/or.  |  |  |
| 5. The supervisor/ee was reliable in making time for and punctual in attending the regular supervision sessions.  |  |  |
| 6. The supervisor/ee placed a high priority on understanding the client’s perspective, and regard for the client strengths.  |  |  |
| 7. The supervisor used a range of questioning styles to assist the supervisee to explore and conceptualise issues and solutions  |  |  |
| 8. The supervisor/ee worked together to formulate supervision questions and topics to discuss as required |  |  |
| 9. The supervisor/ee kept a reflective journal to assist in the supervision process and the development of reflective practice  |  |  |
| 10. The supervisor/ee communicated sensitivity towards cultural and ideological differences relevant to clinical practice.  |  |  |
| 11. The supervisor/ee demonstrated clinical skills in sessions (e.g. instructions, role-plays, videotapes etc.).  |  |  |
| 12. The supervisor/ee explained concepts and material clearly.  |  |  |
| 13. The supervisor/ee respected confidentiality issues, as appropriate.  |  |  |
| 14. The supervisor/ee made supervisee/or feel valuable and respected as a colleague.  |  |  |
| **Quality of the Supervision Process (continued)** | **Supervisor** | **Supervisee** |
| 15. The supervisor/ee sought feedback from supervisee/or about satisfaction with supervision.  |  |  |
| 16. The supervisor/ee showed enthusiasm, dynamism and energy for clinical practice.  |  |  |
| 17. The supervisor created an atmosphere of trust and support.  |  |  |
| 18. The supervisor was available for crisis contact.  |  |  |
| 19. The supervisor’s supervision style was suited to supervisee level of clinical experience, learning style and needs of the supervisee.  |  |  |
| 20. The supervisor encouraged presentation of supervisee’s point of view and respected supervisee’s opinions.  |  |  |
| 21. The supervisor helped supervisee to identify their strengths and weaknesses relating to the core skills, knowledge, attitudes and competencies required for professional practice.  |  |  |
| 22. The supervisor provided opportunities for practice of clinical skills in sessions, observed performance and provided feedback.  |  |  |
| 23. The supervisor was flexible and adapted to changing needs of supervisee in supervision.  |  |  |
| 24. The supervisor encouraged supervisee to examine ethical issues relating to practice, in line with professional codes of conduct.  |  |  |
| **Outcomes of Supervision**  | **Supervisor**  | **Supervisee** |
| 25. Supervision improved supervisee clinical skills, knowledge, and attitudes relating to clinical practice.  |  |  |
| 26. Supervision increased supervisee confidence as a practitioner.  |  |  |
| 27. Supervision increased supervisee understanding of the organisation he/she works in.  |  |  |
| 28. Supervision increased supervisee knowledge of ethical issues in practice.  |  |  |
| 29. Supervision increased supervisee knowledge of relevant local, State and National policies and procedures.  |  |  |
| 30. Supervisee feels more enthusiastic about my work as a result of this supervision experience.  |  |  |
| 31. Supervision motivated the supervisee to work on developing clinical skills.  |  |  |
| **Outcomes of Supervision (continued)** | **Supervisor**  | **Supervisee** |
| 32. Supervisee felt satisfied with the supervision he/she received.  |  |  |
| 33. What are the three most positive outcomes that have been achieved from supervision?  |  |  |
| i)  |  |  |
| ii)  |  |  |
| iii)  |  |  |
| 34. What three things would you have preferred to have been done differently in supervision?  |  |  |
| i)  |  |  |
| ii)  |  |  |
| iii)  |  |  |
| 35. What specific clinical should be the focus of development in future supervision sessions?  |  |  |
| i)  |  |  |
| ii)  |  |  |
| iii)  |  |  |
| 36. What additional professional development activities do you think, would be beneficial to support your supervision experiences?  |  |  |

# Appendix 6

**Methods of Clinical Supervision and Support**

**Clinical Support:**

Clinical support is a broad, encompassing term that refers to the support provided to clinicians to assist them to develop the quality, safety, productivity and confidence of their work roles. This may include clinical supervision, mentoring, line management support or a range of other mechanisms designed to support the development of AHP skills, abilities and knowledge (Winstanley & White 2003)

**Clinical Supervision:**

Clinical Supervision is “a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety in complex situations” (Marais-Styndom 1999).

Clinical support and supervision may include, but not be limited to, the methods outlined below. It is the responsibility of the supervisor and supervisee to ensure that the methods, frequency and duration of supervision suit the requirements of individuals, health service organisations and professional associations and registration boards.

**Supervision Methods**

**Day-to-Day Supervision**

This occurs in real time between the supervisor and supervisee to facilitate the delivery of services to clients in an “informal” “as-needs arise” basis. This is possible when the supervisee has direct access to the supervisor and may occur through discussion face-to-face, over the phone, via email, or by hands-on assistance in delivering services.

**Direct Observational supervision**

This is direct observation of a supervisee’s work by a supervisor during a client interaction for the purpose of giving feedback. This can occur in an office based clinical setting, on a home visit, in a group, co-working with a client, when viewing a video recording of a session or in an office whilst a staff member is on the telephone. This form of supervision gives the supervisor a clear understanding of the supervisee’s skills, experience and approach enabling feedback to be very specific. Care needs to be taken to ensure this form of supervision is provided in a positive, respectful and constructive way, keeping with the general principles already outlined for any clinical supervision.

**One-to-One Structured Supervision**

This occurs as a regular, structured meeting/discussion between the supervisor and supervisee. It may include case discussion, reflective practice, setting and monitoring learning goals, sharing information/knowledge and/or teaching skills. The clinical supervisor is usually more experienced than the supervisee but may be a peer for more experienced staff (AHP4-6) if this suits the supervisee’s needs. Feedback is a critical component of supervision to ensure there is a two-way interaction between the supervisor and supervisee.

The frequency and location of these sessions are agreed in the supervision plan and are prioritised and protected by both the supervisor and supervisee. They should occur in an appropriate, confidential environment and may include face-to-face, telephone, videoconference or online discussion.

**Group Supervision**

This can take many forms and be effective for a range of outcomes and clinical groups. It can provide an opportunity for supervisees to experience mutual support, share common experiences, solve complex tasks, learn new behaviours, and participate in informal training, increase communication, confidence and insight. Group supervision can also enable participants to discuss and learn about cases or approaches that they would otherwise not have been exposed to, hear about a range of perspectives, get feedback from others and feel comfortable to ask questions and express concerns.

The evidence suggests groups should meet weekly for at least 1½ hours with five to eight participants (Li et al 2008) however this may not always be achievable. It may be more appropriate to meet monthly for a longer time frame. Norms, objectives and roles within the group should be set at the outset and outcomes and processes should be evaluated regularly.

Group supervision may be facilitated by a senior clinician or coach or a peer group may elect to rotate the chairperson role. When the group is facilitated by a designated chair, it is their role to ensure the group remains on task, everyone has the opportunity to contribute, the structure is followed and achieves positive outcomes.

Group supervision provides a forum for facilitated open discussion, sharing and learning between a group of clinicians and may include case discussion, topics of interest, inter-professional collaboration and team work activities. It is usually led by a clinical supervisor or facilitator and may occur face-to-face or via phone, online or videoconference.

**Peer Supervision**

This occurs between two or more experienced AHPs, with a maximum of five (5) participants recommended. It may include consultation, problem solving, reflective practice and clinical decision making. Peer supervision does not require a supervisor to have more experience or knowledge than the supervisee. It refers to a reciprocal learning relationship through the utilisation of skill, experience and knowledge available within the group of peers which fosters and encourages mutual benefits, self-directed learning and the giving and receiving of feedback.

It can provide a forum to share diverse knowledge and experiences and complements more formal methods of supervision.

There are a number of risks associated with peer supervision including maintaining quality and effectiveness of the process, understanding boundaries and limitations of the relationship, lack of leadership causing tension in the relationship and focusing on solutions and advice rather than mutual learning and reflection.

By having established processes, templates and training to follow, peer supervision becomes more effective. Peer supervision may be conducted amongst internal colleagues or with external peers from different organisations. When peer supervision works well, participants meet on a regular basis, set norms and expectations, follow an agreed structure, respect each other as equals and nominate a rotating facilitator for each session.

*Peer supervision is recommended as supplementary to the individual clinical support arrangement for SA Health clinicians below AHP3 level.*

Other Methods of Clinical Support

Journal Clubs

A journal club consists of a group of individuals who meet regularly to discuss and critically evaluate research articles. Journal clubs are usually established around a subject or clinical area of interest to the members, for example diabetes management. Journal clubs can take many forms, but generally group members review and discuss an article and then relate its relevance and appropriateness for their clinical practice.

Journal clubs are more likely to have a positive impact on knowledge, skills and behaviour if the following adult learning principles are incorporated into the club:

* Relate the task to personal goals or to the immediate environment
* Present learning objectives as clinical problems
* Use problem solving techniques
* Vary teaching approaches to suit different learning styles
* Use active learner participation
* Provide frequent constructive feedback.

SA Health AHPs, through an on-going Allied and Scientific Health partnership with the International Centre for Allied Health Evidence’s (iCAHE), have access to iCAHE’s Online Journal Club program which facilitates journal clubs, assists in posing questions, searches the databases and provides a critical appraisal of the research question, providing a vehicle to embed evidence based practice into AHP service delivery.

*A Journal Club should be used in addition to clinical support arrangement for SA Health clinicians.*

**Mentoring**

Occurs between two clinicians who have been deliberately matched, with one generally more experienced and skilled who takes the role of the mentor, and the other taking the role of the mentee. Mentoring involves regular dialogue on a range of issues with the agreed upon goal of having the lesser experienced or skilled clinician grow, develop, and address career development, where desired (Marais-Styndom 1999). Mentoring usually focuses on the needs and issues identified by the mentee and is very flexible. Good mentors encourage open conversation, reflective practice and broadening of perspectives and knowledge. A suitable mentor may;

* be profession specific or from a different profession depending on the needs of the clinician
* be a specialist in their chosen field who provides expert advice to the mentee
* have skills in coaching, or facilitating reflective practice but not necessarily have specialised skills

The mentee should choose the type of mentor who will work best for them. For example a physiotherapist new to paediatrics may seek the support of a specialist physiotherapist at a University to learn about best practice initiatives used in metropolitan hospitals. An experienced social worker in domiciliary care may prefer a mentor who prompts them to reflect on their practice and coach them to improve their client centred approach.

**Other Related roles or processes.**

Line Management:

Line management relates to the accountability for overall performance appraisal and may include some day to day clinical direction or clinical supervision if the manager has a clinical background. The line manager is responsible for the overall performance and outcomes of a team or program and may provide support around service planning, meeting funding and organisational requirements, working within internal and external policies, and allocating rosters or workloads (Victoria Healthcare Association 2008).

**Performance Review and Development:**

Performance review and development is a tool for reviewing, encouraging, supporting and developing all employees. The performance development process comprises regular reviews within a yearly cycle. Characteristically an employee engages in the performance development process with their line manager, where opportunities for growth, development and support may be identified. Clinical support may be one useful tool identified by the employee and/or line manager within this performance development process. (Western Australia Country Health Service 2008). Where a clinical supervisor and line manager contract exist, performance review and development should include all three. For further information see: SA Health Policy Performance Review and Development, Department for Health and Ageing, www.inside.sahealth.sa.gov.au.

**Performance Management:**

Performance management is a formal process applied in circumstances where problems with performance exist, such as an employee performing at a substandard level. This process is different from performance development. Performance management is the responsibility of the line manager. This framework is not designed to manage performance issues however regular clinical support may have considerable benefit for clinicians with performance issues. Ideally clinical supervisors and line managers work with the clinician on addressing the issues wherever possible.

**Reflective Practice**

Reflective Practice is a form of self-appraisal that assists a clinician to create logical order to thoughts and feelings related to working with staff and clients. Reflection is a technique we commonly use with our clients. It may help with problem-solving, with resolving internal conflict or frustration, and in establishing a vision of learning needs (Marrow et al. 1997).

# References

Country Health South Australia 2012, *Allied and Scientific Health Clinical Support Framework*, SA Health, Adelaide.

Driscoll, J 2007, *Practicing Clinical Supervision: A reflective approach for healthcare professionals*, Elsevier, Philadelphia.

Edwards D, Burnard P, Hannigan B, Cooper L, Adams J , Juggesur T, Fothergil A, & Coyle D 2006, Clinical supervision and burnout: the influence of clinical supervision for community mental health nurses, Journal of Clinical Nursing 15, 1007–1015 .

Edward, D, Cooper, L, Burnard, P, Hanningan, B, Adams, J, Fothergill, A & Coyle, D 2005, Factors influencing the effectiveness of clinical supervision, *Journal of Psychiatric and Mental Health Nursing, vol. 12*, pp. 4-5-414.

Garling, P 2008, Final *report of the special commission of inquiry: Acute care in NSW public hospitals*, State of NSW, 27 November 2008, accessed 09/08/13 <http://www.dpc.nsw.gov.au/__data/assets/pdf_file/0003/34194/Overview_-_Special_Commission_Of_Inquiry_Into_Acute_Care_Services_In_New_South_Wales_Public_Hospitals.pdf>

Health Education and Training Institute, 2012*. Best Practice Governance Framework for Allied Health Education and Training*, NSW accessed accessed 09/08/13. <http://www.heti.nsw.gov.au/resources-library/allied-health-best-practice-governance-framework/>

Health Workforce Australia (HWA) 2011a, *National Clinical Supervision Support Framework – Consultation Draft*, April 2011.

Health Workforce Australia (HWA) 2011b, *Clinical Supervision Support Program –Directions Paper*, April 2011.

International Centre for Allied Health Evidence 2013, *A brief evidence summary for the parameters underpinning clinical supervision of health professionals*, University of South Australia, Adelaide (unpublished).

Kadushin, A & Harkness, D 2002, *Supervision in Social Work*, Columbia University Press, US.

Kolb, D 1999, *The Kolb learning style inventory*, Version 3, Hay Group, Boston.

Marais-Strydom 1999 in OT AUSTRALIA 2000 *Mentoring and Supervision Policy Paper: Best Practice for mentoring and supervision*, p4.

Proctor, B. 1987, Supervision: A co-operative exercise in accountability in Marken, M & Payne, M (eds) *Enabling and Ensuring. Supervision in practice*, National Youth Bureau, Leicester.

Proctor, B 1997, The Bells that Ring: A Process for Group Supervision, Australia New Zealand Journal of Family Therapy, Vol. 18, No. 4, pp. 217-220

Proctor in Driscoll J, 2007, *Practicing Clinical Supervision: A reflective approach for healthcare professionals*, Elsevier, Philadelphia

Queensland Health 2011, *Allied Health Clinical Governance Framework in Queensland Health*, accessed 12/8/13 <http://www.health.qld.gov.au/ahwac/docs/framework.pdf>

SA Health 2013, *Authenticating Allied Health Professionals Credentials including Access Appointments Policy Directive*, accessed 25/09/13. [www.health.sa.gov.au/alliedandscientifichealth](http://www.health.sa.gov.au/alliedandscientifichealth).

SA Health 2009, *Performance Review and Development Policy Directive,* Department for Health and Ageing, accessed 19/09/13.

[http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public+content/sa+health+intranet/business+units/workforce/workforce+development+and+improvement/high+performance+culture/performance+review+and+development?contentIDR=9f057100443c37db8901c948adf210fe&useDefaultText=0&useDefaultDesc=1](http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public%2Bcontent/sa%2Bhealth%2Bintranet/business%2Bunits/workforce/workforce%2Bdevelopment%2Band%2Bimprovement/high%2Bperformance%2Bculture/performance%2Breview%2Band%2Bdevelopment?contentIDR=9f057100443c37db8901c948adf210fe&useDefaultText=0&useDefaultDesc=1)

Southern Adelaide Local Health Network 2013, *SALHN Allied Health Clinical Supervision Framework*, SA Health, Adelaide.

# Resource List

Ashworth, E 2007 Country Health SA: Discussion Paper: Not a Duck, SA Health, Adelaide (unpublished)

Brunero, S & Lamont, S 2012, The process, logistics and challenges of implementing clinical supervision in a generalist tertiary referral hospital, Scandinavian Journal of Caring Sciences, vol. 26, pp. 186-193.

Brunero, S & Stein-Parbury, J 2008, The effectiveness of clinical supervision in nursing: an evidenced based literature review’, Australian Journal of Advanced Nursing, vol. 25, no. 3, pp. 86-94.

Buswell, C 1999, Journal Clubs: A rationale for implementation, Journal of Community Nursing, vol. 13, no. 9.

Binns, V., Nicol, J. 2008, GESCHN allied health secondment program, SARRAH 2008 conference papers, accessed 7/8/13. http://www.sarrah.org.au/client\_images/749894.pdf

Cross, WM, Moore, AG, Sampson, T, Kitch, C & Ockerby, C 2012, Implementing clinical supervision for ICU outreach nurses: a case study of their journey, *Australian Critical Care, vol. 25*, pp. 263-270.

Ericsson, K 2004, Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains. *Acad Medicine. Oct;79 (10 Suppl)*:S70-81.

Fitzpatrick, S, Smith, M & Wilding, C 2012, Quality allied health clinical supervision policy in Australia: a literature review, *Australian Health Review, vol. 36*, pp. 461-465.

Fone, S 2004, *Supervision Package, Rehabilitation and Aged Services Program*, Southern Health Care Network, Victoria.

Frenk, J, Chen, L, Bhutta, ZA, Cohen, J, Crisp, N, Evans, T, Fineberg, H, Garcia, P, Ke, Y, Kelley, P, Kistnasamy, B, Meleis, A, Naylor, D, Pablos-Medez, A, Reddy, S, Scrimshaw, S, Sepulveda, J, Serwadda, D & Zurayk, H 2010, Health professionals for a new century: transforming education to strengthen health systems in an independent world, *The Lancet, vol. 376*, pp. 1923-1958.

Hawkins, P., Shohet, R. 2000, Supervision in the helping professions, 2nd Ed, Open University, Berkshire.

Illeris, K 2004, Transformative Learning in the perspective of a comprehensive learning theory, *Journal of Transformative Education, vol 2*, no.2, 79-89.

Kenny, A & Allenby, A 2013, Implementing clinical supervision for Australian rural nurses, *Nurse Education in Practice*, *vol. 13*, pp. 165-169.

Kirk, S., Eaton, J. & Auty, L 2000, Dietitians and supervision: should we be doing more?, *Journal of Human Nutrition and Dietetics, vol. 13*, pp. 317–322.

Lake, F & Ryan, G 2006, *Teaching on the run: teaching tips for clinicians*, MJA Books, Sydney.

Li, C., Eckstein, D., Serres, S., & Lin, Y 2008, Six Thinking Hats for Group Supervision with Counselor Interns*, Journal of Humanities and Social Sciences, vol 2*, no 2.

Livingstone, A, Donaghey D, Beare, H. 2007, Guidelines for the discipline specific professional supervision and support for rural community mental health team staff and students, Rural and Remote Mental Health Service of South Australia.

MacKenzie, K. 1990, *Introduction to time-limited group therapy*, American Psychiatric Press Washington DC (in Werstlein 2001).

McNicoll, A 2008, *Peer Supervision – No-One Knows As Much As All of US*, accessed 25/11/08.

Marrow, C, Macauley, D. et al 1997, Promoting reflective practice through structured clinical supervision, *Journal of Nursing Management, vol. 5*, pp. 77-82.

NHS Shetland 2008, *Clinical Supervision for Allied Health Professionals Draft*, Scotland accessed via email from Jenny.Miller@nes.scot.nhs.uk

Northern Territory Department of Health and Families 2008, *Professional Practice Supervision and Support Guidelines*, accessed [www.nt.gov.au](http://www.nt.gov.au)

Parkes, J. Hyde, C. Deeks, J. et al 2001, *Teaching critical appraisal skills in health care settings*, Cochrane Library, Issue 3, Oxford

Peyton, J 1998, The learning cycle, in Peyton, JWR, editor, *Teaching and learning in medical practice*, Manticore Europe Ltd, Rickmansworth, UK, pp. 13-19.

Schön, D 1983, *The reflective practitioner. How professionals think in action*, Basic Books, Temple Smith, London.

Sheehan, J 1994, A Journal Club as a Teaching and Learning Strategy in Nurse Teacher Education, *Journal of Advanced Nursing, Vol. 19*

Sood & Driscoll in Driscoll, J 2007, *Practicing Clinical Supervision: A reflective approach for healthcare professionals*, Elsevier, Philadelphia.

Smith, R & Pilling, S 2008, Supporting the transition from student to professional –a case study in allied health, *Australian Health Review, vol. 32*, p. 1.

Smith, M 1996, 2005, *The functions of supervision, The encyclopedia of informal education*, Last updated September 2009.

Swift, G 2004, How to make journal clubs interesting, *Advances in Psychiatric Treatment, vol. 10*, pp. 67-72

The Chartered Society of Physiotherapy 2005, *A guide to implementing clinical supervision, learning and development*, The Chartered Society of Physiotherapy, London, United Kingdom.

Tietze, K 2008, *The method of peer group supervision*, accessed 12/8/2013 <http://www.peer-supervision.com/ebene1/methode.html>

Van Ooijen, E 2003, *Clinical Supervision Made Easy: The 3-step Method*, Churchill Livingstone, UK

Victorian Healthcare Association. 2008, *Clinical Supervision and Leadership in Community Health*, accessed 2/12/2008 <http://www.vha.org.au/uploads/lit%20Review%20CLCS%202008.pdf>

Wagner, S 2008, *A Report: Clinical Supervision for Allied Health Professionals in Rural NSW*, NSW health, NSW Institute of Rural Clinical Services and Teaching

Werstlein, P 2001, Group Supervision, The International Child and Youth Care Network, online accessed 13/08/13 [www.cyc-net.org/cyc-online/cycol-0501-supervision.html](http://www.cyc-net.org/cyc-online/cycol-0501-supervision.html)

Western Australia Country Health Service 2008, *Allied Health Professional Supervision Guidelines*, Government of Western Australia, accessed via email 10.3.2009 suzanne.spitz@health.wa.gov.au

Winstanley, J. & White, E 2003, Clinical Supervision: models, measures and best practice. *Nurse Researcher, Vol. 10*, No. 4. pp 7-32.



|  |
| --- |
| **Change History**Any printed version of this document may have been superseded. The current version of this document can be accessed via [www.health.sa.gov.au/alliedandscientifichealth](http://www.health.sa.gov.au/alliedandscientifichealth) |
| Version | Effective From | Effective To | Change Summary |
| 1.0 | Oct 2013 |  | Original draft version |
| 2.0 | Nov 2013 |  | Chief Allied & Scientific Health Advisor Edits |
| 2.1 | March 2014 |  | Formal Release |
| 2.2 |  |  |  |

**For more information**

**SA Health**

**Allied and Scientific Health Office**

**System Performance**

**11 Hindmarsh Square**

**Adelaide SA 5000**

**Telephone: 08 8226 6406**

**www.health.sa.gov.au/alliedandscientifichealth**