HealthWorkforce AUSTRALIA

National Clinical Supervision Competency Resource

March 2014

An Australian Government Initiative

© Health Workforce Australia.

This work is copyright. It may be reproduced in whole or part for study or training purposes. Subject to an acknowledgement of the source, reproduction for purposes other than those indicated above, or not in accordance with the provisions of the *Copyright Act 1968*, requires the written permission of Health Workforce Australia (HWA).

Enquiries concerning this report and its reproduction should be directed to:

Health Workforce Australia
Post | GPO Box 2098, Adelaide SA 5001
Telephone | 1800 707 351
Email | hwa@hwa.gov.au
Internet | www.hwa.gov.au

Suggested citation: Health Workforce Australia (2014). National Clinical Supervision Competency Resource.

Contents

1. Introduction **4**

Statement of purpose 5

Principles and terminology 6

The clinical supervision sector – using the Resource 6

2. Structure of the Resource **7**

3. National Clinical Supervision Competency Resource **8**

Appendix A: Principles **19**

Appendix B: Terminology **21**

Appendix C: The clinical supervision sector – using the Resource **23**

1. Introduction

The education and training of health professionals in Australia has a justifiably strong reputation based on well-developed conceptual processes and quality clinical learning experiences, facilitated by committed clinical supervisors. In recent times an increasing number of health professionals are being educated to support the healthcare system. Their education includes practical clinical training in the workplace. As a result there is a need to ensure that there are sufficient numbers of competent clinical supervisors to support this training, and to develop and maintain clinical supervisor competency.

Health Workforce Australia (HWA) has developed the National Clinical Supervision Competency Resource (the Resource) to document the core competencies of a clinical supervisor and to:

- Identify and describe the professional expectations of current and future clinical supervisors.
- Provide both a baseline for uniform quality and the potential to further develop clinical supervision for the Australian health system.
- Contribute to interprofessional learning, teamwork and interprofessional understanding through the identification of core competencies for clinical supervision across all health disciplines.

The Resource has been developed to support clinical supervisors across all locations and healthcare disciplines to develop a quality health workforce. It provides a comprehensive picture of clinical supervision competency requirements independent of any health discipline. It thus forms the base for considering collaboration of clinical supervision across health disciplines. It also provides the foundation for any discipline specific actions to define clinical supervision competency requirements and provides a benchmark against which existing (health discipline specific) competency frameworks, education and training programs, and competency assessment efforts can be compared and assessed.

The intention is that it be used as a resource to assist the development of high quality clinical supervision from local level initiatives to wider systems level changes. It may be used as the basis of a tool to assess the clinical supervision competency of individual clinical supervisors, and as a resource for health and education services offering clinical supervision, whole health service administrative units (for instance a local health network or a state or territory health service) or whole health professions.

Statement of purpose

The Resource aims to support the continuation and further development of a high quality, sustainable clinical supervision workforce across all settings, to meet the current and future challenges of developing competent health practitioners for the Australian health system.

The purpose of such a resource is not novel. Much work has been done to understand and articulate the competency requirements of clinical supervisors mostly in discipline specific areas. This Resource has drawn on and built upon this work.

At a minimum the Resource makes explicit the commonality of clinical supervision competency across health disciplines and provides a benchmark against which existing or planned health discipline specific efforts can be assessed and validated.

The Resource recognises that clinical supervision takes place in diverse healthcare settings[1], across public, private and not for profit service sectors, within all health professions, and has general and specific goals.

These potentially conflicting parameters are unified by the Resource to provide a structure for understanding the competency requirements for those in the Australian health workforce who provide clinical supervision.

The Resource specifically seeks to:

- Support clinical supervision across all locations and healthcare provider disciplines.
- Establish a consistent and transparent approach to the provision of quality clinical supervision.
- Provide a benchmark against which organisations can assess investments in clinical supervision training.
- Provide a benchmark for clinical supervision performance.
- Provide the basis for the development of a self assessment tool to enable supervisors to identify training needs and to confirm and/or further develop competency.
- Provide for greater uniformity in the content and quality of clinical supervisor competency.
- Provide clarity to the organisation on the deployment and management of clinical supervision resources.
- Promote interprofessional team learning of clinical competencies.
- Foster a reflective approach to personal and professional practice.

The Resource is not intended to supersede any local arrangements, guidelines or clinical supervision models that may apply in specific clinical placement settings, sites and professions. Rather it aims to support and enable consolidation of existing local arrangements and relationships for the clinical education and training of health professions.

[1] The term 'health' is used in this context in its most broad sense and includes primary, secondary and tertiary healthcare settings and is inclusive of services that can sometimes be classified as 'community services'. Thus, it is inclusive of clinical supervision for disciplines such as social work, psychology, welfare work and a range of aged care occupations.

Principles and terminology

The principles which have informed the development of the Resource are drawn from the principles of clarity, quality and culture adopted in the *National Clinical Supervision Support Framework* (HWA, 2011)[2]. Consultations identified the need for two additional principles: self-reflection and continuous improvement, and flexibility. All principles are reflected in the content of the Resource, expressed in one or more areas of competency. The principles are provided in full in appendix A.

Appendix B provides a list of terms used in the Resource. It is recognised that some terms may be defined differently in different areas of the health sector. It was however considered appropriate to include the list of terms to provide clarity and understanding for users of the resource on what is intended. When adopting or adapting the resource for their purposes, stakeholders may decide on some variation of these terms.

The clinical supervision sector – using the Resource

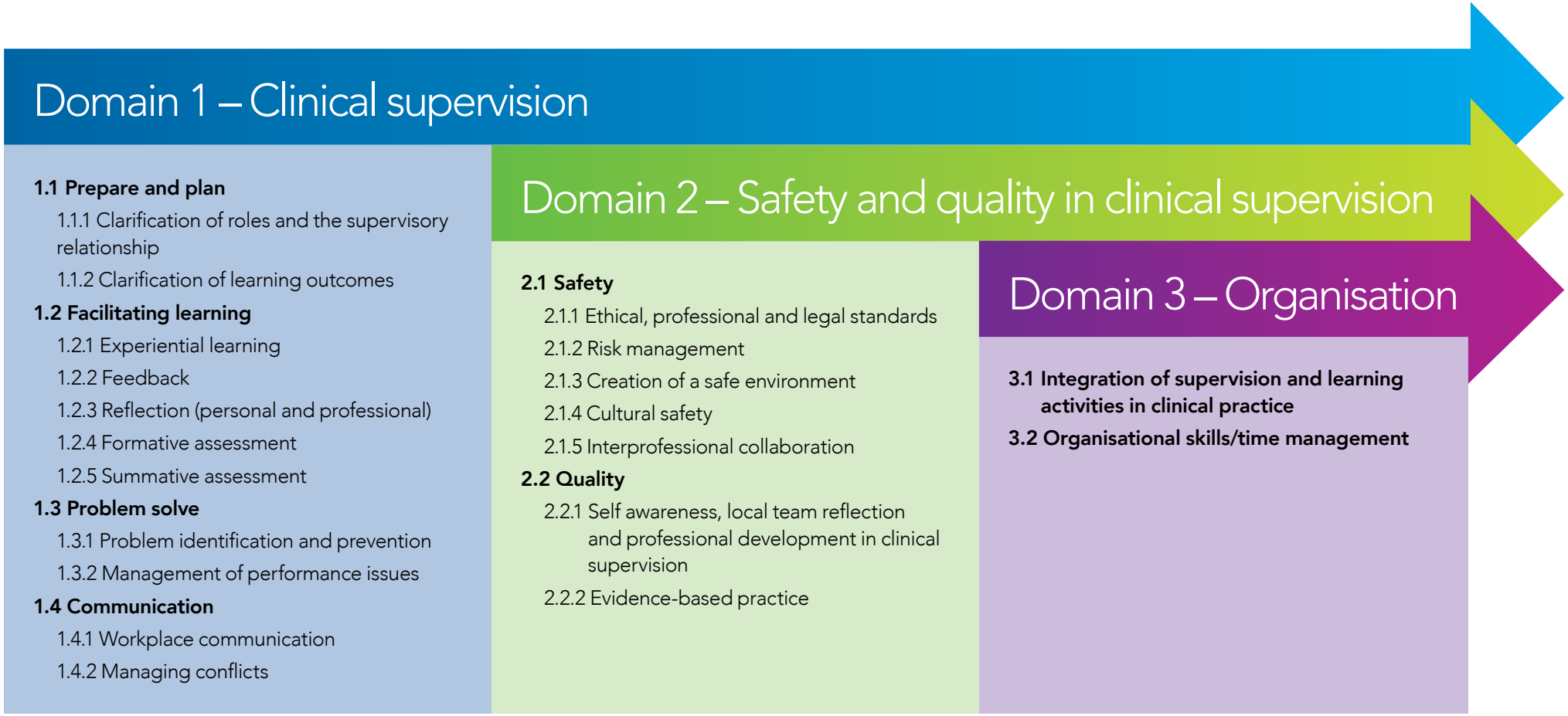
This Resource is designed primarily for health professionals who undertake the role of clinical supervisor and those who employ (in public, private and not for profit health services), or manage the work of health practitioners undertaking clinical supervision; that is, the clinical supervision sector in the health system. Appendix C provides examples of how the clinical supervision sector may apply the resource.

[2] Health Workforce Australia (HWA) (2011) National Clinical Supervision Support Framework accessible at http://www.hwa/gov.au/publications

2. Structure of the Resource

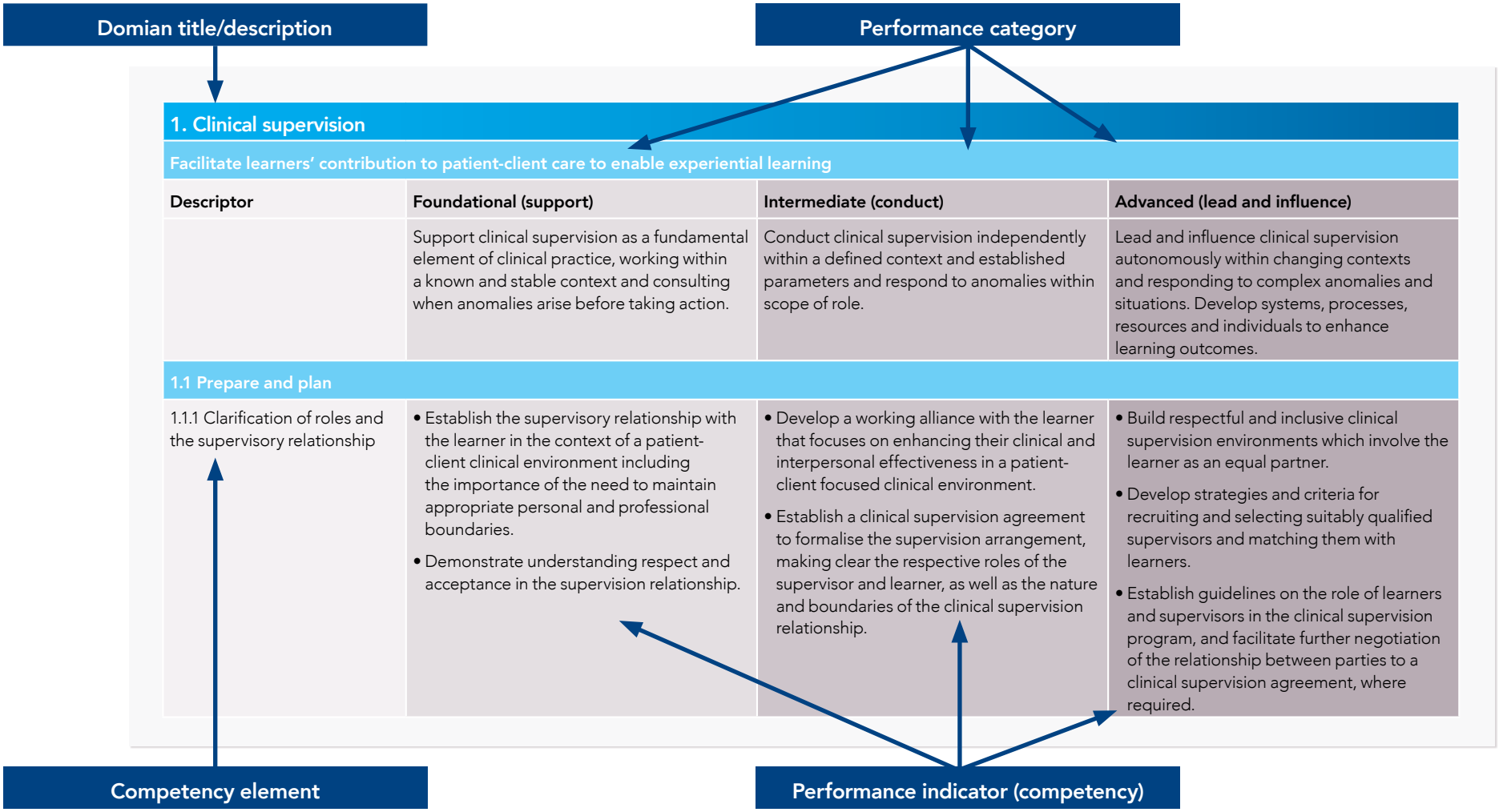
The National Clinical Supervision Competency Resource has three sections, which represent overarching domains of activity common to the Australian clinical supervision workforce. The domains are an overarching area or organised cluster of knowledge, skills, attributes and values which can be broken down into specific elements of performance. The three domains and elements are as follows:

Figure 1: Clinical supervision competency domains



This Resource has a matrix structure within which the rows represent different types of behaviour or competency and the columns identify types or 'levels' of performance of the competency. In the resource, each performance category reflects an increasing degree of autonomy, complexity and strategic involvement in clinical supervision. However, the categories should not be seen as having hard boundaries, and thus imposing constraint on to the selection of required competencies for any individual undertaking clinical supervision work.

Figure 2 below illustrates the resource structure



3. National Clinical Supervision Competency Resource

1. Clinical supervision			
Facilitate learners' contribution to patient-client care to enable experiential learning			
Descriptor	**Foundational (support)**	**Intermediate (conduct)**	**Advanced (lead and influence)**
Definition	Support clinical supervision as a fundamental element of clinical practice, working within a known and stable context and consulting when anomalies arise before taking action.	Conduct clinical supervision independently within a defined context and established parameters and respond to anomalies within scope of role.	Lead and influence clinical supervision autonomously within changing contexts and responding to complex anomalies and situations. Develop systems, processes, resources and individuals to enhance learning outcomes.
1.1 Prepare and plan			
1.1.1 Clarification of roles and the supervisory relationship	• Establish the supervisory relationship with the learner in the context of a patient-client clinical environment including the importance of the need to maintain appropriate personal and professional boundaries. • Demonstrate understanding respect and acceptance in the supervision relationship.	• Develop a working alliance with the learner that focuses on enhancing their clinical and interpersonal effectiveness in a patient-client focused clinical environment. • Establish a clinical supervision agreement to formalise the supervision arrangement, making clear the respective roles of the supervisor and learner, as well as the nature and boundaries of the clinical supervision relationship.	• Build respectful and inclusive clinical supervision environments which involve the learner as an equal partner. • Develop strategies and criteria for recruiting and selecting suitably qualified supervisors and matching them with learners. • Establish guidelines on the role of learners and supervisors in the clinical supervision program, and facilitate further negotiation of the relationship between parties to a clinical supervision agreement, where required.

Descriptor	Foundational (support)	Intermediate (conduct)	Advanced (lead and influence)
1.1.2 Clarification of learning outcomes	• Establish with each learner their immediate learning outcomes and how these will be achieved. • Contribute to the planning of the clinical supervision program.	• Construct individual learning plans with each learner, based on: » The context and requirements (including interprofessional requirements) of the patient-client care offered in the clinical placement setting » The specified learning outcomes of the learner's professional program » The learner's stage of professional development » The personal learning needs of the individual learner.	• Engage with education providers to determine the scope, goals and outcomes of the learning and development program. • Coordinate the clinical supervision program planning.
1.2 Facilitating learning			
1.2.1 Experiential learning	• Provide access to learning resources and guidance in appropriate patient-client situations to enhance the learner's participation in the clinical environment.	• Involve the learner as appropriate, in decision making and problem solving activities. • Challenge the learner in a constructive manner, gradually increasing their exposure to more complex situations and encouraging them to arrive at their own solutions to clinical problems.	• Create a safe organisational environment for clinical supervision, characterised by respect, openness, support, organisational trust. • Ensure formal processes exist to govern the delivery of learning and development programs. • Develop policies and procedures for the implementation of clinical supervision to provide structure, direction, support and validation of supervision activities. • Pilot and evaluate innovative approaches to learning and development. • Support all staff to understand experiential learning and to develop effective facilitation skills, so that the best use is made of all educational opportunities in the delivery of day-to-day services.

Descriptor	Foundational (support)	Intermediate (conduct)	Advanced (lead and influence)
1.2.2 Feedback	• Identify and reinforce effective actions of the learner regularly and consistently, providing timely feedback that is specific and direct.	• Provide the learner with timely/regular feedback on observed performance of clinical activities using examples of observed behaviour. • Provide feedback to the learner in a constructive and supportive manner, supporting the learner to make necessary adjustments in their practice.	• Foster a positive and co-operative environment in which feedback is used to enhance goals, awareness and learning. • Facilitate the education of all staff on the adoption of best clinical practice feedback principles in clinical supervision.
1.2.3 Reflection (personal and professional)	• Support the learner in self evaluation by asking questions that enable them to reflect on their learning experiences and enhance their own practice.	• Assist the learner to explore their own values and attributes, and their impact on patient-client care, developing learners' reflective practice capability. • Encourage and challenge each learner to reflect on their overall performance, to identify and act on areas for improvement, and to become more self directed.	• Build a confidential, safe and supportive environment that enables staff to adopt a reflective approach to implementing and practising clinical supervision including the interaction between learners, supervisors and patient-client care.
1.2.4 Formative assessment	• Assist the learner to monitor their progress towards learning outcomes accurately.	• Use formative assessment to relay information to the learner regarding their performance on a periodic and episodic basis. • Develop the learner's capacity for self assessment. • Assist the learner to modify learning strategies in response to formative assessments.	• Create a culture in which formative assessment is used to progress towards learning outcomes. • Mentor clinical supervisors to develop their skills in formative assessment.

Descriptor	Foundational (support)	Intermediate (conduct)	Advanced (lead and influence)
1.2.5 Summative assessment	• Develop a shared understanding with each learner about the assessment processes and the criteria against which competencies will be measured and assessed. • Use assessment instruments to undertake assessment of a learner's performance. • Report assessment outcomes, including supporting evidence, to learners and education providers. • Discuss with each learner the process to be followed if competency is not demonstrated in the assessment.	• Accumulate knowledge of the performance of each learner so that sufficient evidence is gathered to make sound judgements about their competency. • Agree on a plan of evidence gathering with each learner and other relevant professionals involved in the assessment process. • Select assessment instruments and methods consistent with the agreed learning outcomes, make reasonable adjustment to address specific needs of the learner or the context of assessment, and ensure that assessment tasks are authentic and align with the ways knowledge and skills are used in practice. • Communicate assessment outcomes to the learner in an appropriate environment and manner.	• Build a culture and environment in which there is reflection on the purpose of summative assessment to enable learners to develop and achieve their competence. • Engage relevant stakeholders in the design of assessment systems, processes and resources so that they are informed by contemporary clinical practice and can demonstrate the learner's contribution to the patent/client care. • Review suitability and currency of assessment practices based on content, purpose and appropriateness, and negotiate reasonable modifications if required to accommodate specific needs and contexts.
1.3 Problem solve			
1.3.1 Problem identification and prevention	• Provide constructive guidance to the learner on how to improve.	• Create an atmosphere in which the learner feels comfortable discussing their concerns, to analyse what is wrong and to try new options. • Assist the learner to develop coping strategies to deal with stressful events.	• Establish a support service that provides supervisors with access to guidance and advice, acting to ensure these systems are used and effective.

Descriptor	Foundational (support)	Intermediate (conduct)	Advanced (lead and influence)
1.3.2 Management of performance issues	• Discuss any performance concerns with the learner as they arise. • Refer the learner to sources of support if personal issues arise in the course of supervision. • Identify potential problems or barriers to the learner achieving the learning objectives and engage in joint problem solving to develop and implement solutions. Liaise with colleagues to identify any learners in difficulty.	• Recognise and address factors that may contribute to a learner's lack of engagement in clinical roles and tasks. • Identify issues in the clinical environment that may impact on learner's learning efficiency and effectiveness, and formulate solutions. • Collaborate with the learner and other supervisors in the development and monitoring of plans to address issues of performance. • Discuss constructively implications of a learner's inability to progress sufficiently to achieve specific learning outcomes.	• Establish jointly agreed procedures and processes for the support and management of learners who are not meeting expectations. • Provide advice, guidance and tools to clinical supervisors to assist them to manage and further support a learner who has not achieved learning objectives. • Undertake an analysis to identify any systemic issues that are contributing to problems in the supervision process and make appropriate changes.
1.4 Communication			
1.4.1 Workplace communication	• Express thoughts and ideas clearly, directly, honestly and with respect for learners and colleagues. • Confirm that the patient-client, learner or colleague has correctly interpreted and understood the message or information being communicated. • Provide opportunity for questions and feedback from the learner so that effective two-way communication can be established and maintained.	• Use feedback and disclosure appropriately to increase mutual understanding. • Acknowledge professional assumptions and differences with colleagues and learners openly. • Advise and seek advice from colleagues and learners when communication messages are not clear or are causing confusion, seeking clarification.	• Foster and promote a work culture that encourages open, effective and responsive communication. • Establish regular patterns of communication where colleagues can share ideas and information quickly and easily. • Use multiple channels of communication to reinforce messages and decrease the likelihood of misunderstanding. • Use feedback processes to assist teams and individuals to communicate more effectively.

Descriptor	Foundational (support)	Intermediate (conduct)	Advanced (lead and influence)
1.4.2 Managing conflicts	• Identify potential sources of conflict and take action to prevent or manage, seeking assistance if required.	• Establish in the supervision agreement how any conflict will be managed and resolved. • Facilitate the prevention and resolution of interpersonal conflict through early identification and appropriate intervention. • Identify and apply a range of approaches to resolving conflict. • Ensure parties to a supervision agreement can safely and openly raise issues of concern.	• Ensure conflict resolution processes are established as part of the clinical placement agreement with the education provider and the governance structures in the organisation. • Arrange mediation if attempts to manage a conflict have not been resolved.

2. Safety and quality in clinical supervision

Facilitate the contribution of clinical supervision to quality outcomes for the care of patients-clients by learners and supervisors

Descriptor	Foundational (support)	Intermediate (conduct)	Advanced (lead and influence)
Definition	Support clinical supervision as a fundamental element of clinical practice, working within a known and stable context and consulting when anomalies arise before taking action.	Conduct clinical supervision independently within a defined context and established parameters and respond to anomalies within scope of role.	Lead and influence clinical supervision autonomously within changing contexts and responding to complex anomalies and situations. Develop systems, processes, resources and individuals to enhance learning outcomes.
2.1 Safety			
2.1.1 Ethical, professional and legal standards	• Undertake supervision responsibilities in accordance with relevant ethical and professional standards applicable to patient-client care.	• Act ethically and professionally with learners, patient-clients and other supervisors to ensure the emotional, physical and psychological wellbeing of all parties.	• Ensure ethical and professional standards are embedded and protected in the clinical supervision program.
2.1.2 Risk management	• Identify all relevant risks to patient-clients, learners and supervisors in clinical supervision and respond within defined parameters.	• Communicate and act on any identified risks and implement risk management and control strategies as required. • Adjust workplace situations to ensure safety and take immediate remedial action when required.	• Develop and facilitate a risk management culture in the organisation of clinical supervision programs. • Develop, monitor and review risk management plans in conjunction with relevant stakeholders. • Assess level of identified risks, prioritise risks, and develop suitable reporting and management strategies.

Descriptor	Foundational (support)	Intermediate (conduct)	Advanced (lead and influence)
2.1.3 Creation of a safe environment	• Monitor learners and the clinical environment for actual and potential risks to safety and wellbeing of patients-clients and learners. • Recognise and intervene when a learner's action, or non-action, is likely to compromise the safety of the learner, patient-client or others. • Recognise a learner in emotional, physical or psychological difficulty and engage relevant persons in a timely manner.	• Engage in active supervision and determine the appropriate level of oversight to ensure patient-client, learner and supervisor safety.	• Establish governance structures and policies to ensure a supervision program that has the appropriate focus on learners and has regard to the circumstances, rights and wellbeing of patients-clients. • Ensure that an appropriate and safe physical environment is provided. • Identify all risks to patient-clients, learners and clinical supervisors in the clinical supervision context. • Plan for contingencies in clinical supervision activities that may impact on the safety of learners, supervisors or patients-clients.
2.1.4 Cultural safety	• Recognise the impact of individual and cultural diversity on the clinical education relationships with learners and show acceptance during clinical supervision, and demonstrate appropriate behavior.	• Demonstrate culturally safe and sensitive clinical supervision practice by considering the values, beliefs and practices of the learner.	• Embed a culturally competent focus in the planning, policy and practice of the clinical education program.
2.1.5 Interprofessional collaboration	• Model collaborative interprofessional practice in the clinical supervision environment.	• Work collaboratively with clinical supervisors and clinicians in other professions to develop and maintain productive, goal-oriented supervision. • Develop capacity to undertake supervision of learners from other disciplines.	• Establish stakeholder relationships and create alliances to support and promote opportunities for interprofessional learning. • Promote the development of, and involvement in, interprofessional networks and collaborative clinical supervision learning communities.

Descriptor	Foundational (support)	Intermediate (conduct)	Advanced (lead and influence)
2.2 Quality			
2.2.1 Self-awareness, local team reflection and professional development in clinical supervision	• Self-assess personal and professional practice participate in team based reflection on the learning environment,, and seek opportunities to improve clinical supervision performance. • Acknowledge personal impacts in the supervisor-learner relationship, seek feedback from learners about their experiences and reflect on this feedback to improve supervision performance.	• Reflect on own clinical supervision, seeking feedback from learners and supervisors and undertaking team based reflection to identify areas for improvement of own performance. • Engage in ongoing professional development and professional networks relevant to supervision activities.	• Establish learning and development programs and ensure performance planning systems for the professional development of clinical supervisors • Establish peer support networks and team based reflection practices amongst learners and clinical supervisors. • Establish regular meetings for supervisors as a forum for the exchange of ideas, experiences, problem-solving and support. • Maintain engagement in developments of clinical supervision practice informed by research and new technology.
2.2.2 Evidence-based practice	• Participate in training activities to ensure that clinical supervision is informed by educational theory and research.	• Establish and maintain networks and forums to facilitate improvement in supervision and assessment activities on the basis of developments in educational theory and practice. • Identify improvements that could be made to learning, development and assessment coordination processes and develop strategies for achieving these improvements.	• Ensure regular evaluation of learning and development programs and outcomes with all relevant stakeholders and initiate improvements in the system, processes and resources informed by developments in educational theory and practice. • Monitor the implementation of clinical supervision and the impact on patient-client outcomes. • Facilitate the application of theoretical developments, research findings and new technologies to supervision program design. • Contribute to scholarship and research to support the continuous improvement of clinical supervision practice

3. Organisation			
Integrate clinical supervision as fundamental component of clinical practice			
Descriptor	**Foundational (support)**	**Intermediate (conduct)**	**Advanced (lead and influence)**
Definition	Support clinical supervision as a fundamental element of clinical practice, working within a known and stable context and consulting when anomalies arise before taking action.	Conduct clinical supervision independently within a defined context and established parameters and respond to anomalies within scope of role.	Lead and influence clinical supervision autonomously within changing contexts and responding to complex anomalies and situations. Develop systems, processes, resources and individuals to enhance learning outcomes.
3.1 Integration of supervision and learning activities in clinical practice			
	• Identify the learning opportunities that arise in clinical practice that will be instructive for the learner.	• Understand and integrate clinical supervision activities as part of patient-client care. • Coordinate supervised learner participation in clinical care activities, including team based care.	• Establish an organisational culture that values and supports the education of learners as the next generation clinicians. • Establish the organisational culture and capacity to enable learners to be an integral part of clinical care teams and activities.

Descriptor	Foundational (support)	Intermediate (conduct)	Advanced (lead and influence)
3.2 Organisational skills/time management			
	• Organise clinical practice so that learners activity and supervision role complement patient-client care relationships.	• Organise and manage clinical practice utilising learners to enhance provision of clinical services to patients-clients. • Delegate and monitor supervision for learning, development and assessment activities to suitable supervisors. • Guide learners to organise their time and gain optimally from clinical experience opportunities.	• Clarify and establish the standing of clinical supervision within the organisation's clinical governance framework. • Identify and clearly articulate the aims and outcomes of clinical supervision programs. • Develop and conclude agreements with stakeholders on appropriate clinical activities and resources. • Develop and disseminate to learners, supervisors and education providers, accepted indicators of quality for clinical supervision and tools to collect and measure performance against identified indicators. • Plan and schedule clinical placement activities appropriately. • Monitor the effectiveness and participate in evaluation of workplace learning and development programs, processes and resources. • Modify clinical supervision models, policies and practice in response to performance management data, research findings and incident data.

Appendix A: Principles

The principles which have informed the development of the Resource are drawn fvwrom the principles of clarity, quality and culture adopted in the *National Clinical Supervision Support Framework* (HWA, 2011)[3]. Consultations identified the need for two additional principles: self-reflection and continuous improvement, and flexibility. All principles are reflected in the content of the resource, expressed in one or more areas of competency.

Clarity

Roles and responsibilities
The roles and responsibilities of all participants involved in the clinical supervision process should be clearly stated, communicated, and documented as appropriate. For this purpose, participants in the process include students, clinical supervisors, managers and staff at placement sites, and relevant staff from educational institutions.

Expectations of supervisors, students and placement sites
To guide the clinical supervision process, expectations and learning objectives of clinical placements should be clearly articulated. To ensure health service delivery requirements are met, expectations of the clinical placement site should be clearly articulated.

Quality

Patient-client care
Patient-client care provided during clinical placements must be safe, of high quality, appropriate and effective, and be the overriding priority.

Clinical supervisor knowledge and skills
A recommended core set of knowledge, skills and attributes for clinical supervisors to deliver clinical supervision should be defined.

Education program attributes
The education program underlying the clinical placement should:

- Be based on contemporary teaching methods, including role modelling and adult learning principles.
- Reflect a diversity of experience, including opportunities for interprofessional learning and exposure to non-traditional settings, where appropriate.
- Provide adequate exposure to the relevant scope of practice for the profession.
- Incorporate and support valid, reliable student feedback, assessment and reporting tools and processes aligned to the stated learning objectives.

Preparation and support
Clinical supervision is most effective when clinical supervisors and students are adequately prepared and supported. They should be provided with an understanding of profession-specific requirements and learning objectives, clinical placement site requirements and ongoing support and access to relevant resources throughout the clinical placement experience.

Supervisors should have access to or be provided with training in the core set of knowledge, skills and attributes for quality clinical supervision.

Students should have access to or be provided with adequate orientation to the clinical placement setting. Ongoing support for student welfare must also be emphasised, to enhance student participation and retention.

[3] Health Workforce Australia (HWA) (2011) National Clinical Supervision Support Framework accessible at http://www.hwa/gov.au/publications
[4] The resource has been developed to give effect to this Principle

Self-reflection and continuous improvement
Clinical supervisors, as competent health practitioners, should reflect on their practice and engage in life-long learning to sustain their professional development. Clinical supervisors should apply learner-centred approaches and encourage aspirational achievement within a collaborative and culturally competent environment.

Culture

Organisations
The objectives of organisations providing clinical education and training should include a strong and measurable commitment to clinical education and training, innovation and improvement.

Flexibility
Clinical supervision occurs at many different levels in the health system, and the practice must be applied flexibly across a broad range of settings and professions, enabling the clinical supervision arrangements to respond to demand.

Relationships
Clinical supervision capacity and capability, and its expansion, should be supported by strong collaborative relationships among participants involved in the supervision process, including between the health and education sectors, on an interprofessional basis, and between the supervisor and the student.

Learning environment
Clinical placements should facilitate education and learning in a safe, supportive and appropriately resourced work environment.

Recognition
Explicitly recognising clinical supervision in the workloads of health professionals improves clinical education and training capacity and quality. While some professions have dedicated positions with clinical education and training responsibilities, other health professionals take on the clinical supervision role in addition to their usual workload. Clinical supervision should be acknowledged and valued by the health and education sectors.

Collaboration and respect
Clinical supervision is a shared responsibility that acknowledges the importance of the health and wellbeing of all participants. It respects relationships between learners, care recipients/carers and recognises them as partners in the learning experience

Appendix B: Terminology

Terminology used in the resource is designed to be as inclusive as possible. The way that specific terminology is to be understood in this document is detailed below. Because this terminology may be important in helping those assessing (or self-assessing) competency, there is more detail provided than would normally be the case for a glossary.

Assessment
An activity that engages a learner and a supervisor, with the purpose of making a judgement about the level of competency (including knowledge, skills and attributes) demonstrated by the learner, before, during and after the activity.

- Formative assessment: assessment conducted for the purposes of providing feedback (verbal and written) to the learner, usually prior to any summative assessment, and generally conducted throughout the clinical placement period.
- Summative assessment: assessment conducted for the purpose of making a final judgement regarding the level of competency of a learner. This might include profession specific exams, report writing, real patient-client related activity (observed).

Clinical placement agreement
Clinical placement agreement refers to documentation developed between education providers and service providers to formalise arrangements and conditions about the planning, delivery and management of clinical placements. A clinical placement agreement is intended to be an overarching legal document. Documents prepared by the education provider for the benefit of their students and for clinical supervisors, for example, clinical educator manuals, student handbooks – may be used to support an agreement or be referenced in an agreement.

Clinical supervision
This involves the oversight – either direct or indirect – by a clinical supervisor(s) of professional procedures and/or processes performed by a learner or group of learners within a clinical placement for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each learner's experience of providing safe, appropriate and high quality patient-client care.

Clinical supervisor
An appropriately qualified and recognised professional who guides learners' education and training during clinical placements. The clinical supervisor's role may encompass educational, support and organisational functions. The clinical supervisor is responsible for ensuring safe, appropriate and high quality patient-client care.

Competence/competency
Competence is the ability of an individual to do a job (in this case clinical supervision) properly. A competency is a set of defined behaviours that provide a structured guide to the identification, evaluation and development of particular skills and knowledge in individual workers. A person is deemed competent when they have acquired sufficient competencies to perform the (clinical supervision) work required of them to an acceptable and agreed standard.

Given this is a competency resource the term competency is employed almost exclusively, the exception being where the more holistic term competence is appropriate.

Education provider
Refers to a registered higher education provider as defined in the *Tertiary Education Quality and Standards Agency Act 2011* and a registered training organisation as defined in the *National Vocational Education and Training Regulator Act 2012*.

Feedback
Feedback is a two way respectful and mutually beneficial process between supervisors and learners. It occurs through communication (written or verbal) between the supervisor and the learner, before, during and after a supervisory or other learning event, and objectively provides the learner with a clear understanding of the level of their competency at a particular time. It also occurs between the learner and the supervisor to enable the leaner to express views about the learning experience which will enable a supervisor to reflect on and improve their supervisory skills and performance.

Interprofessional
Interprofessional education: occasions when two or more professions learn from, with and about each other to improve collaboration and the quality of care.

Interprofessional learning: learning arising from interaction between members (or students) of two professions. This may be a product of interprofessional education or happen spontaneously in the workplace or in education settings.

Learner
Includes any individual placed in a clinical setting for the purpose of gaining basic, intermediate or advanced knowledge, skills and attributes under the direct or indirect supervision of a more advanced practitioner [previously referred to as 'student' in the *National Clinical Supervision Support Framework* (HWA, 2011)].

Learning plan
Learning plan is a document that is used to plan and facilitate learning of an individual or group, usually over an extended period of time (for instance the length of a clinical placement).

Patient-client
Any individual who is in a setting in which they are provided with care and/or treatment by an authorised clinical healthcare professional or learner in those professions. Such settings will include hospitals, day facilities, outpatient departments, health practitioners' surgeries or offices, and the individuals' home setting.

Appendix C: The clinical supervision sector – using the Resource

Health sector clinical supervisors can use the Resource as a basis for self-assessment and to identify levels of competency and or training needs. They can also use it as a guide on the key elements of how to practise as supervisors in the work environment.

While clinical supervisors and the immediate 'coal face' learning and organisational environments in which they perform clinical supervision are the primary focus of the resource, there are other groups that have a significant stake in the quality of the clinical supervision effort. These groups may choose to use the resource to inform or develop their contribution to quality supervision processes. These other interests include:

- **The education sector…** which underpins clinical supervisor practice both directly by employing clinical supervisors as well as by supporting clinicians to teach their students. The resource provides a structure that can assist with the design of training that is modularised, flexible and grounded in meeting specific content needs of health professionals in clinical supervision roles and may articulate with certificates, diplomas, graduate diplomas and masters level training in clinical education. The resource may also inform the curriculum design of undergraduate health professional degrees (or other relevant professional entry level courses) by articulating to a minimum level of clinical supervision competence that new professionals can be expected to meet in the workplace.
- **Professional associations and regulatory authorities…** who may wish to promote supervision through recognition of training (e.g. by allocating professional development points/hours to clinical supervision competency development), facilitation of communities of practice around clinical supervision, and by providing a focus on clinical competence, for example through special interest groups, forums, keynote presentations and conferences. The resource may be used, as is, or contextualised specific to a profession, to promote profession specific competency resources, frameworks or practice standards.
- **Integrated training networks…** who have an interest in the facilitation of clinical training opportunities across regions. The resource may provide a lens through which these groups can (1) analyse broad clinical supervisor workforce learning needs, (2) assess current competency development activity, and (3) consider, within their region, the positive steps that can be taken to enable improvement of quality in clinical supervision.
- **Jurisdictional planners…** state, territory and Commonwealth agencies actively involved in workforce planning and investment. This group may benefit from having access to a nationally developed resource which may assist in aligning their investment and resources with a nationally developed range of competencies.

Enquiries concerning this report and its reproduction should be directed to:

Health Workforce Australia
Post | GPO Box 2098, Adelaide SA 5001
Telephone | 1800 707 351
Email | hwa@hwa.gov.au
Internet | www.hwa.gov.au

© Health Workforce Australia 2014
HWA13CTR009 Published March 2014
ISBN 978-0-9874701-9-5