Gippsland Region
Palliative Care
Consortium

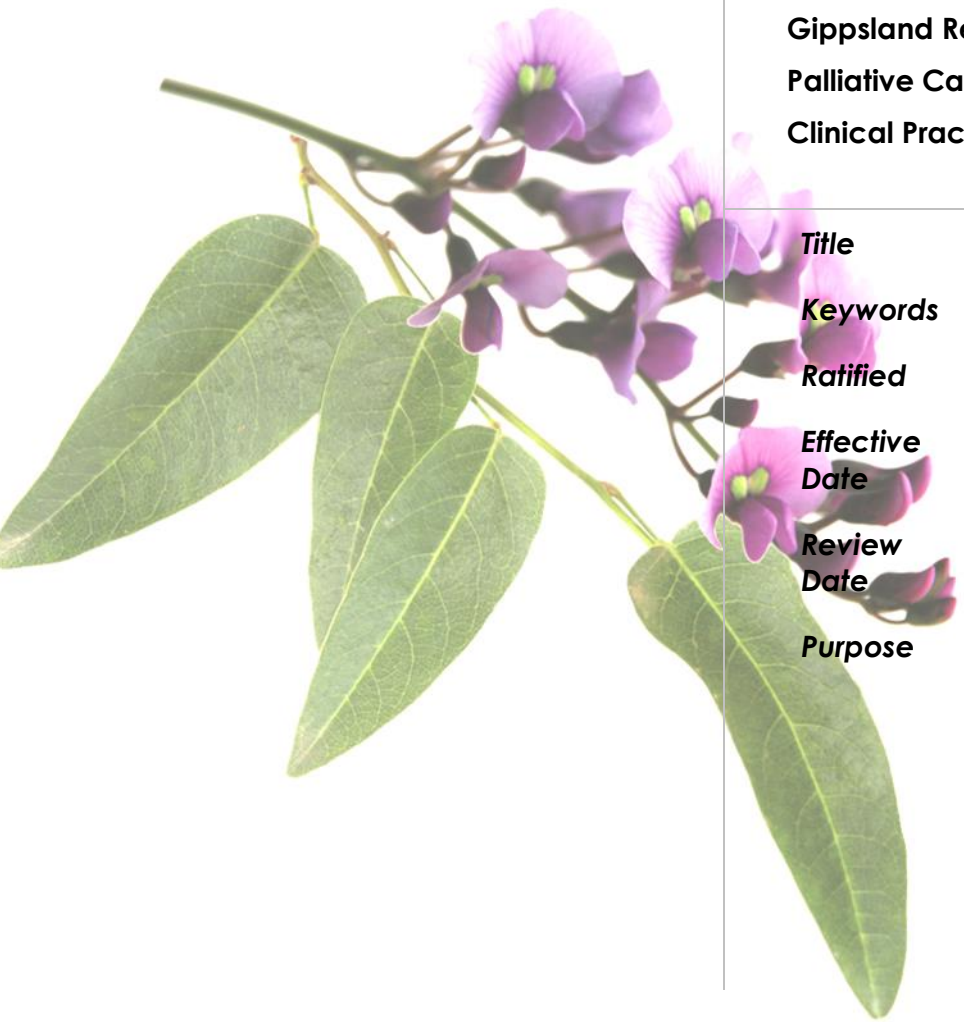
CLINICAL /SUPERVISION & SUPPORT GUIDELINES

October 2020

Gippsland Region

Palliative Care Consortium

Clinical Practice Group



Title	Clinical Supervision Policy
Keywords	
Ratified	GRPCC Clinical Practice Group
Effective Date	August 2020
Review Date	
Purpose	This policy has been endorsed by the GRPCC Clinical Practice Group and is based on current evidence based practice and should be used to inform clinical practice, policies and procedures in health services. The intent of the policy is to promote region wide adoption of best practice. Enquiries can

Disclaimer

The intent of the GRPCC Clinical Practice Group endorsed clinical guidelines is to make them available to health services and clinical staff across the Gippsland region to promote evidence-based practice ~~in~~ when delivering palliative care.

Clinical guidelines are intended to provide general advice to the medical, nursing, and allied health staff working with clients with a life limiting illness. These endorsed clinical guidelines are not a substitute to comprehensive assessment and critical thinking relevant to the particular patient's individual clinical circumstances and degree of symptom burden. There may also be strong clinical evidence for choosing a therapeutic intervention that may be different to what is recommended in these guidelines. Timely consultation and advice from the palliative care service is always recommended, if appropriate, when using these guidelines.

When developing clinical guidelines, the GRPCC ensures the guidelines content is accurate and based on evidence. The GRPCC takes no responsibility for new clinical evidence or information that become available or be published following guideline distribution or nominated review date.

The GRPCC guidelines may be used by providers to develop similar protocols and procedures that can be customised according to the organising clinical context and requirements. Health organisations must also ensure that utilisation of these guidelines complement their organisational governance structure including health professional palliative care delivery scope of practice.

Background

Maintaining staff health and wellbeing is widely known to assist in providing better outcomes for patients, staff, and the organisation. Clinical supervision/support is designed to enhance professional skills and competence, assist in the support and retention of staff, maintain and enhance staff wellbeing and contribute to the provision of quality services. Professional clinical supervision is a collaborative relationship that promotes reflection on contextualised, work related issues for the benefit of ongoing learning and development and improved professional practice (Barham et al 2019).

Clinical Supervision is a collaborative relationship for practicing health professionals that promotes reflection on contextualised, work related issues for the benefit of ongoing learning and development and improved professional practice (Barham et al 2019; Mills et al 2006) Effective clinical supervision requires a safe environment that can provide a forum for sharing of knowledge and generation of shared understandings of health care. Health professionals working in palliative care environments in rural areas can be particularly vulnerable to work stress caused by isolation from colleagues and difficulty separating professional and personal roles in small communities (Caresearch, 2017).

In some health related professions, such as social work, counselling and psychology, a mandated number of hours of professional or clinical supervision is required. The National Safety and Quality Health Service Standards 2017 (standard 5.18), the National Palliative Standards 2018 (standard 9.4) the National Consensus Statement of High Quality End of Life Care 2015 (standard 8), include a recommendation for health services to provide access to clinical supervision and support for the workforce providing end-of-life care. Current literature also supports the need for clinical and non-clinical staff to have accessible information and processes to manage their stress, or in the aftermath of traumatic events. This includes the preventative strategies of self-care and reflection (Whitehorn 2020).

The GRPCC Palliative Care Skills Matrix, completed by 122 nurses working in community district nursing and palliative care across Gippsland, found that only 11 of the 122 nurses(9%) who completed the skills matrix responded that they had participated in clinical supervision. However, 63% of nurse respondents used reflective practice for self-care and 43% used informal and formal debriefing

Purpose of this guideline

The purpose of this policy is to describe the clinical supervision options and provide a guide for organisations to support staff and volunteers appropriate to the individual and their scope of practise to access supervision, should they choose to do so,

The three broad components of clinical supervision are:

- Education
- Support
- Accountability

Education

The focus is on developing practice-based knowledge from practice examples provided by the staff/volunteers current work/client experience. It should be a space where it challenges and explores critical self-reflection and professional growth can occur

Support

Recognition is given to the personal impact that clinical practice can have on worker wellbeing including an awareness and monitoring of vicarious trauma/compassion fatigue.
Supervision is a space where workers/practitioners can become aware of the effect of their work on themselves and the client. Strategies to deal with reactions to and from clients and self-care strategies are identified. It is a support tool offering encouragement and validation, a place to monitor personal-professional boundaries and recognise circumstances where external personal assistance nay be required.

Accountability

Attention is focussed on the standards for practice within the organisation. Clinical supervision is a forum for reviewing practice alongside ethical and practice standards as well as occupational health standards.

It is important for organisations to consider what strategies might be needed to create a culture of support for clinical supervision. The safety and accessibility of clinical supervision for staff members needs to be encouraged and they need to be empowered to seek the resources provided by the organisation or externally as preferred.

Clinical Support Models

Preceptor*ship*

An experienced practitioner teaches, instructs, supervises and serves as a role model for a student or graduate health professional, for a set period of time, in a formalised program

Mentoring

A teaching-learning process acquired through personal experience within a one-to-one, reciprocal, career development relationship between two individuals (Mills et al 2006)

Debriefing

a dialogue between two or more people with goals to discuss the actions and thought processes involved in a particular patient care situation/event, that encourages reflection on those actions and thought processes, and incorporates improvement into future performance

Informal/Supervision

Informal, 'in the moment' supervision can be an effective way to develop practice insights as it works with the heightened awareness and experiential engagement with the issues at the time. This should, however, be balanced with formal, scheduled supervision that allows for more holistic planning and reflection in a place and time that is dedicated for that purpose.

Individual Clinical Supervision

Takes place in a comfortable confidential environment. It may be within or external to workplace, and usually consists of a structured format that provides education, support and accountability. It may be initiated and implemented by the individual

Group Supervision

This mode often utilises a client presentation that is explored using a reflective practice format. It provides an opportunity to strengthen interdisciplinary relationships and reflect on broad aspects of client care within a reflective framework.

Extraordinary Group Supervision

Health services recognise that unpredicted periods of intense or complex client care activity can occur at any given time. During these periods, management will provide an external facilitator for group supervision for staff and volunteers.

Self Reflection

Staff undertake a process of 'learning through and from experience towards gaining new insights of self and/or practice', often by 'examining assumptions of everyday practice' (Finlay, 2008). This could be in relation to a critical incident, or in their own clinical work and professional development.

Critical Incident

Staff who have experienced or been exposed to a critical incident in relation to work (e.g. family violence, road trauma, bushfire) will be provided with an immediate opportunity to debrief and document their experience. A facilitated referral to an external provider for follow up care will be provided where appropriate. Self-reflection point here

Procedure

The decision to undertake clinical supervision MUST be the decision of the health professional or volunteer, although it is sometimes identified/ encouraged and recommended by the employing organisation

The Australian Centre for Grief and Bereavement (ACGB) is a provider of clinical supervision with a particular focus on practitioners working in the fields of grief and bereavement. The ACGB provides a list of topics that may provide a framework for the Clinical Supervision process:

- Case reviews, treatment planning and interventions
- Ethical issues, including boundaries
- Legal responsibilities for mandatory reporting
- Transference and counter-transference
- Use of self in clinical work How to write effective case notes
- Cultural competence
- Relationships with colleagues and management
- Work-related stressors
- Career goals
- Developing confidence
- Self- care

(Australian Centre for Grief and Bereavement)

See appendix 1 for clinical supervision opportunities

Confidentiality

It is a requirement that information passed either way in supervision is confidential to those involved in the exchange. Maintaining confidentiality may be not possible in the case of:

- concerns for staff personal safety, physical or mental health,
- concerns for client or others personal safety, physical or mental health,
- work performance concerns,
- compromised occupational health and safety breaches, or
- breaches of legislative compliance (for example health professional mandatory reporting).

When a decision is taken to break confidentiality, where appropriate, a discussion will take place with the staff member concerned.

Resources, Legislation and Accreditation Standards

National Consensus Statement: essential elements for safe and high-quality end-of-life care, 2015- Standard 8: Supervision and support for interdisciplinary team members

National Palliative Care Standards, Palliative Care Australia, 2018- Standard 9.4 Staff and volunteers receive appropriate supervision and support in accordance with an established professional development framework

National Safety and Quality Health Service Standards, 2017, Standard 5- Comprehensive Care- 5.18- The health service organisation provides access to supervision and support for the workforce providing end-of-life care

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Appendix 1 Accessing clinical supervision

The Australian Centre for Grief and Bereavement (ACGB) is a provider of clinical supervision with a particular focus on practitioners working in the fields of grief and bereavement.

https://www.grief.org.au/ACGB/Bereavement_Support/Clinical_Supervision

Victorian Government Information

https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/end-of-life-care/palliative-care/essential-elements/supervision