Clinical Supervision Agreement

Supervisee:	Supervisor:
Health Service/Team:	Health Service/Team:
Period of this Agreement: [start date] to [end date]	

The content/structure of this Clinical Supervision Agreement is adapted from *Clinical Supervision Guidelines for Mental Health Services* (Queensland Health, October 2009, p. 22) & the sample agreements made available in the Queensland Centre of Mental Health Learning (QCMHL) *Supervisor's Toolkit* (2009, pp. 14-20).

Objectives

Supervisee

Restorative

- To discuss clinical scenarios that I have faced, in a manner that is supportive and constructive.
- To reflect on my responses to the challenges & issues I face in clinical practice.
- To reflect on my responses to the challenges & issues I face in providing clinical supervision.
- To identify counter-transference and prevent it from impairing my ability to work safely.

Formative

- To improve skills and knowledge in delivering clinical services.
- To improve skills and knowledge in the practice of providing education.
- To improve skills and knowledge in the art and craft of clinical supervision.

Normative

- To stay orientated to best-practice by checking adherence to Clinical Supervision Guidelines for Mental Health Services (Queensland Health, October 2009).
- To ensure that my clinical practice & clinical supervision roles are each performed within the boundaries of best practice as determined by the Mental Health Act, Nursing & Midwifery Board of Australia and Queensland Health codes & policies.

Supervisor

- To assist the Supervisee meet their objectives.

Expected Outcomes

Supervisee

Over the course of this agreement these outcomes will be met:

Restorative

- To have discussed 4 or more clinical scenarios that I have faced, in a manner that is supportive and constructive.
- To have reflected on my responses to the challenges & issues I face in 4 or more instances of clinical practice.
- On 4 or more occasions, to have reflected on my responses to the challenges & issues I face in providing clinical supervision.
- On 4 or more occasions explore counter-transference and the impact it has on my ability to work safely.

Formative

- To have provided quality clinical practice for the majority of clients I have been referred.
- To recognise occasions when my clinical practice has been below-par, and attempt to redress the underlying cause(s) of this.
- To have provided quality education sessions.
- To have provided quality clinical supervision.

Normative

- That my clinical supervision be informed by the best-practice Clinical Supervision Guidelines for Mental Health Services (Queensland Health, October 2009).
- That my clinical practice & clinical supervision role have been performed within

the boundaries of best practice as determined by the Mental Health Act, Queensland Nursing Council policies and Queensland Health codes & policies.
Supervisor
• By reflecting well on the goals Paul and I have agreed upon, he will have improved and consolidated his competency, his capability and his capacity in his mental health nursing role as well as making the transition with greater confidence into his role in clinical supervision. We will measure the progress through our regular reviews within supervision.
Obligations
Supervisee
• Demonstrate the value placed on clinical supervision by quarantining the time set-aside for clinical supervision from other appointments & interruptions.
Supervisor
• To set aside sufficient time before meeting with Supervisee to ready myself for quality reflection with him by disengaging from other commitments.
How will dual roles (eg: workshop co-facilitators, colleagues) be managed
• Performance & planning issues regarding the work we do together will not be discussed in clinical supervision unless there is mutual consent. This will require inclusion in a pre-agreed session agenda. • We have had some experience in managing dual roles on occasions over the last three years; it is expected that the mutual respect we have established will continue to inform how and when boundaries are drawn and shaped.
Structure
Frequency
• Every month, with a degree of flexibility that allow for the vagaries of each other's holidays & other work commitments.
Duration
• 50-60 minutes
Location
• Primarily via phone. • When we're both in the same town/area we will endeavour to schedule an opportunistic face-to-face supervision session.
Resources
• Quarantined time & venue, with an absence of interruptions. • Access to telephones. • Access to emails in the days leading up to sessions.
Cancellation
• The nature of mental health work is such that it is common for a consumer or the workplace to be in crisis. • A busy day or busy week is not an adequate reason to cancel clinical supervision; in fact the more common the crisis the greater the indication for clinical supervision. • Consequently, for the purposes of this agreement, a crisis that warrants cancellation of a clinical supervision would be of the scale where there is a fire in the workplace requiring evacuation of staff and patients. • Given this definition, cancellation of clinical supervision will be a rare event.
Preparation
• Phone number for Supervisee/Supervisor to dial to be confirmed by email. • Other preparation (eg: reading journal article, preparing sample reports and documentation) as negotiated.
Agenda
• Supervisee to set a simple agenda & email this to Supervisor a day or two prior to each session.

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- The Supervisor may add to &/or adjust the agenda.

Availability between Sessions

- Usually by email only.
- Phone availability may be able to be negotiated if it is mutually convenient to do so, but this is expected to be in exceptional circumstances only.

Is supervisee currently receiving other supervision?

- Yes, with a Nursing colleague [named here]

If yes, how will different forms of supervision be integrated?

- The goals of this supervision agreement relate primarily, but not exclusively, to clinical practice and clinical supervison.
- The goals of the other supervision agreement relate primarily, but not exclusively, to cross-cultural issues and pseudo-team leader tasks.
- Consequently, it expected that each form of clinical supervision will have areas that overlap a little, but are primarily focused on different components/roles.

Evaluation

What is the agreed process for evaluating Clinical Supervision?

Each Session

- Wrap-up discussion at the end of session to include a mutual check between Supervisor and Supervisee whether the goals of supervision are being adequately addressed.
- If the Supervision relationship itself is causing problems, the Supervisor and/or Supervisee will ensure that this matter is included on the agenda for the next session.

Every 12 Months

Formal mutual evaluation of supervision will be conducted every 3 months using this Clinical Supervision Agreement:

- Are the objectives/outcomes being met?
- Should the agreement/objectives be modified?

and the Supervisor Workbook:

- EPSI (Evaluation Process within Supervision Inventory)
- SWAI (Supervisory Working Alliance Inventory)

Review of Supervision Agreement

- The agreement should be reviewed if the objectives, expected outcomes, obligations, or structure of clinical supervision change.
- Mutual review a month prior to the end-date of this agreement to allow time for extension or conclusion of the agreement & the supervisory relationship.

Documentation/Records

What form will supervision records take?

- Agendas will be simple emails (see "Structure" above).
- As per attached "Clinical Supervision Record", themes of the session will be recorded as numbers & brief comments will be made as required.
- It is understood that notes regarding supervision will be more extensive and detailed if there are concerns about clinical competence/client safety. This will be done in a transparent manner where both Supervisee and Supervisor will have access to the clinical supervision record.

How will these supervision records be used?

- To assist the Supervisee & Supervisor reflect on their work.
- As an adjunct to the Clinical Supervision Evaluation process.
- As a record of Clinical Supervision.

Who will have access to them and in what circumstances?

Under usual circumstances:

- Supervisee
- Supervisor

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When there are concerns about clinical competence/client safety:

- Line Management. This will be done in a transparent manner where both Supervisee and Supervisor are fully informed of the rationale.

Where will the records be stored?

- On the Supervisee's password protected Queensland Health drive/server (as per filepath of this document – see footer).

Duration of Storage.

- 7 years

What records will be used/provided for performance purposes (eg. That practice supervision has occurred)?

- The Clinical Supervision Record (copy attached).

Ethical Issues

How will difficulties in supervision be dealt with?

- Difficulties in supervision initially to be discussed between supervisor and supervisee either at the time an issue arises or at the commencement of the next meeting.

What if the supervision relationship completely breaks down?

- If the supervision relationship breaks down completely a third party will be invited to assist. If relates to an operational matter should be the team leader or if of a professional matter then utilising a senior staff member. If all other options explored and unable to resolve then utilise HRM or EAS.

What do your professional code and organisational policies outline as ethical conduct in and for supervision?

- The Queensland Health 'Clinical Guidelines for Mental Health Services' (October 2009) serves as our reference tool regarding ethical conduct in. The guidelines describe the principles of choice, flexibility & confidentiality as being central to best practice in Clinical Supervision.

In general, which issues raised in supervision will be kept confidential to this relationship?

- Any matter that is personal to the Supervisee or about any patient he discusses, except if there are serious concerns about safety or competency. Pages 25 – 27 of the Queensland Health 'Clinical Guidelines for Mental Health Services' (October 2009) describe the circumstances & process for taking matters outside of the Clinical Supervision relationship.

Which aspects may be discussed and with whom?

- It is acknowledged that the Supervisor will develop a unique insight into the Supervisee's reflective learning and ethical practice. Consequently, the Supervisee may request that the Supervisor act a referee for future performance appraisals and/or employment opportunities. The Supervisee will discuss this with the Supervisee prior to nomination.

Content

- The content of Clinical Supervision will be negotiated in confidence by The Supervisee and Supervisor. It will include a list of the knowledge and skills that the Supervisee would like to develop, and will be regularly reviewed and renegotiated.

Signatures & Date

Supervisee:	Supervisor:	Supervisee's Line Manager: