



HUNTER NEW ENGLAND
NSW HEALTH

Peel Cluster Community Health Nursing Clinical Supervision Project

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The Clinician:

“I’m not really sure what clinical supervision is.”

The Expert:

“At its simplest clinical supervision is a regular and formalised conversation between two health professionals.” (Driscoll, 2007)

Issue

- A small number of staff receiving clinical supervision
- No formal model of structured clinical supervision for community health nurses
- Isolation: geographical and professional
- Balanced Scorecard Targets
 - 100% Community Health Counselling staff
 - 100% Community Nursing staff

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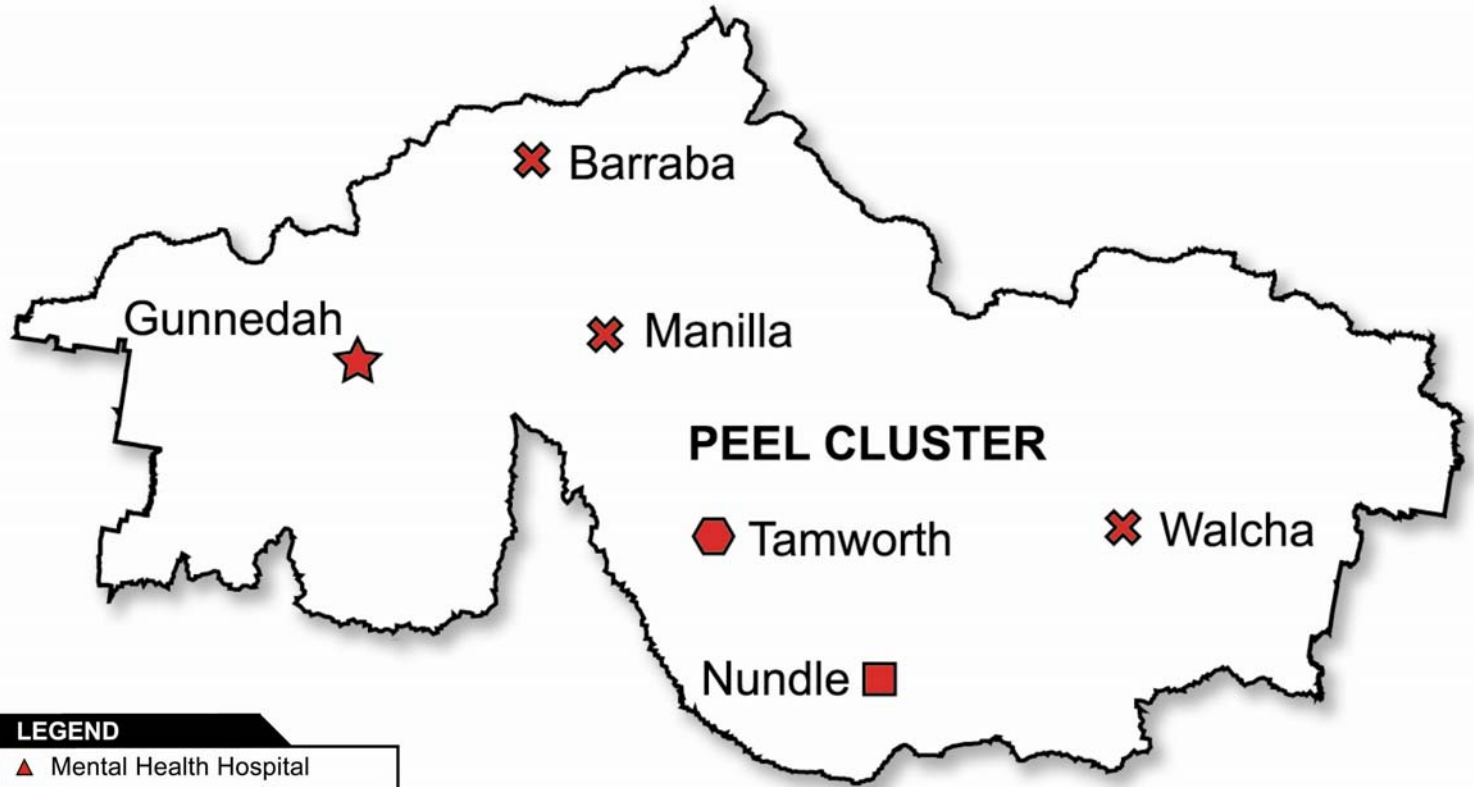
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HNEH - Peel Cluster



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Peel Cluster



LEGEND

- ▲ Mental Health Hospital
- Community Health Service
- ✕ Community Hospital & MPS
- ★ District Health Service
- Rural Referral Hospital
- Tertiary Referral Hospital

The Manager:

“ All professionals should be involved in clinical supervision.... Opportunities for clinical supervision are wanted.... Nurses have never been asked..... ”

Project goals

- To develop, implement and evaluate a clinical supervision system for Community Health Managers & Nurses
 - training program
 - implementation tools
 - governance structure
- To identify critical elements for sustainability

The approach

Quality cycle – plan, do, check, act

- Literature review
- Advisory Group
- Focus groups and surveys - UNEP
- Awareness workshops - UNEP
- Clinical Supervision workshops
- Project evaluation - UNEP

Advisory group

Focus: to ensure clinician and management engagement and commitment to better health care

- To provide advice and consult with wider stakeholder group
- To promote the project
- To support innovative approaches to the project outcomes
- To identify and manage risks and opportunities
- To provide advice on project plans and reports and a means of disseminating key learnings

Awareness Workshops

- Targeted community health clinicians not involved in clinical supervision
- Engaged clinicians and managers about:
 - defining clinical supervision
 - clinical supervision: clinical governance.
 - challenges of change management when introducing clinical supervision

Outcomes

- Increased awareness
- Trained supervisors
- Documented process/manual
- Recording and reporting tools
- Coordinator position
- E-learning readiness package
- Supervisor support groups
- Accountability in position descriptions

***Change
culture
not
compliance
driven***

Balanced Scorecard Targets

Before project commencement:

- 100% Community Health Counselling staff
- 100% Community Nursing staff

Revised targets:

- Community Nurses:
 - 50% June 2009
 - 75% June 2010
 - 100% June 2011

Revised targets:

- Number/proportion of supervisors supervising
- Sustainable ratio - supervisors: supervisees

Change

- Introducing clinical supervision requires a change in understanding of what clinical supervision is and its benefits

“Like a review of clinical skills”

“As a performance appraisal”

- The above highlights the importance of staff attitudes, perceptions, beliefs and values about clinical supervision



“The approach needs to be flexible to address different needs of staff in various locations.”

“Sustainability of the system is our key challenge.”

“Clinical supervision processes need to be linked with other workforce development processes e.g. orientation, professional development.”

Vision for Clinical Supervision

The Peel Cluster Executive will support all clinical staff in the Peel Cluster

by ensuring a sustainable clinical supervision system

that fosters a culture of reflective practice

which contributes to a more competent and confident workforce

that delivers high quality health care.

***“I can’t imagine practicing
without it.”***

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