



Victorian Healthcare Association

Clinical Supervision & Leadership

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Forum outline



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- Project overview
- Literature review
- Sector survey
- Presentations: Clinical Supervision in Community Health
- Questions to presenters
- Forum discussion

Background & Context



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- Clinical Governance & Scope of Practice and Credentialling
- DHS funded 12 month project
- Project inception
- Target group – Allied health, nursing, dental and general practice

Project Aim



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- To develop effective clinical supervision and leadership models to enhance the quality and safety of services to clients in community health

Objectives



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- To develop Clinical Supervision model(s)
- Facilitate implementation of Clinical Supervision models in CH

Objectives



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- Identify opportunities for enhancing clinical relationships between community health services & between community health & acute sector
- To develop Clinical Leadership model(s)
- Disseminate information to sector

Current Progress



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- Working Party formed
- Literature search and review in progress
- Survey to sector analysed (n=36)
- Interviews with sector
- Other stakeholders identified

Literature Review – Clinical Leadership



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- “both a set of tasks to lead improvements in the safety & quality of health care and the attributes required to successfully carry them out” voc.
- The role – tasks that lead improvements in the safety & quality of health care.

Clinical Leadership



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The Clinical Leader will be responsible for tasks including:

- clinical supervision
- quality improvement
- risk management
- incident management
- support for evidence based practice and
- feedback for Credentialling and Scope of Practice decisions (EMR Project)

Clinical Leadership



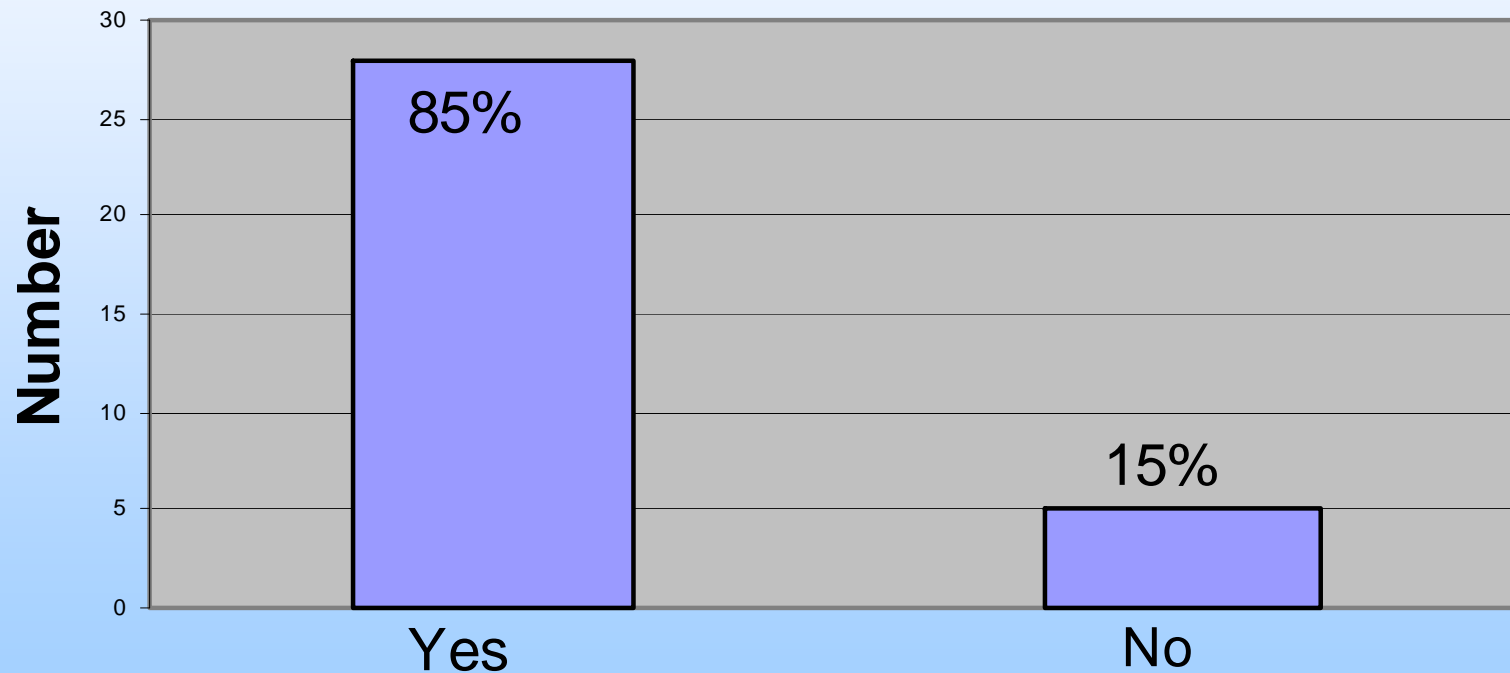
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- Characteristics of clinical leaders:
- Credibility among peers
- Expertise and skills
- Galvanise and support teams
- Education, skills & motivation
- Energy to communicate (Sirwardena 2006)

Survey - Identifying Clinical Leaders



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Survey – Criteria for Clinical Leadership



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- Experience
- Qualifications
- Training – supervision/assessment & training
- Position
- Communication skills

Clinical Supervision – definition



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- Clinical Supervision – a practice based process
- A dedicated interaction b/w two or more practitioners
- A focus on reflective practice
- A means to generate learning

(Williams, et al 2005)

Clinical Supervision



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- Practice enhancement through self evaluation and development
- Provides empathetic support to improve therapeutic skills
- The transmission of knowledge

(Winstanley & Edwards 2003)

Comparative terms



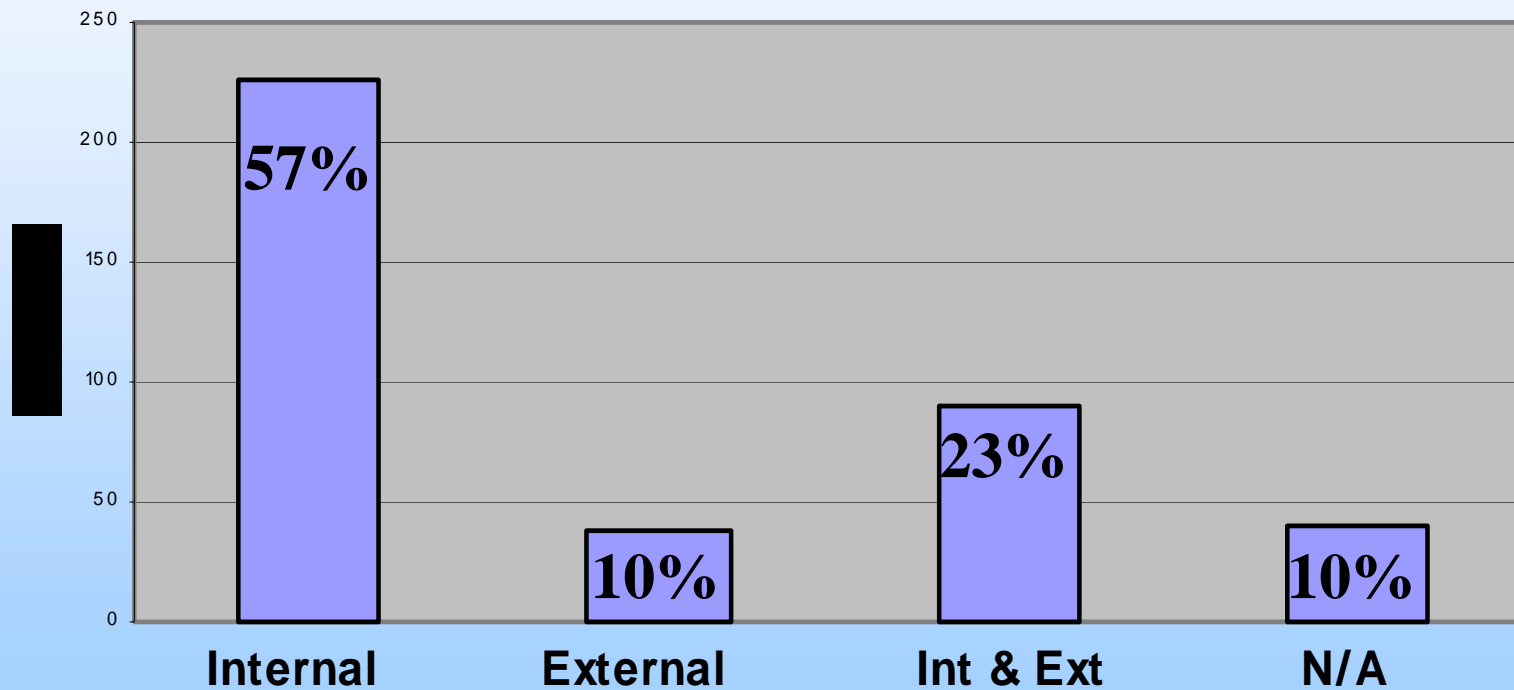
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- Mentoring
- Coaching
- Preceptor
- Reflective practice

Survey – Disciplines & Formal Supervision



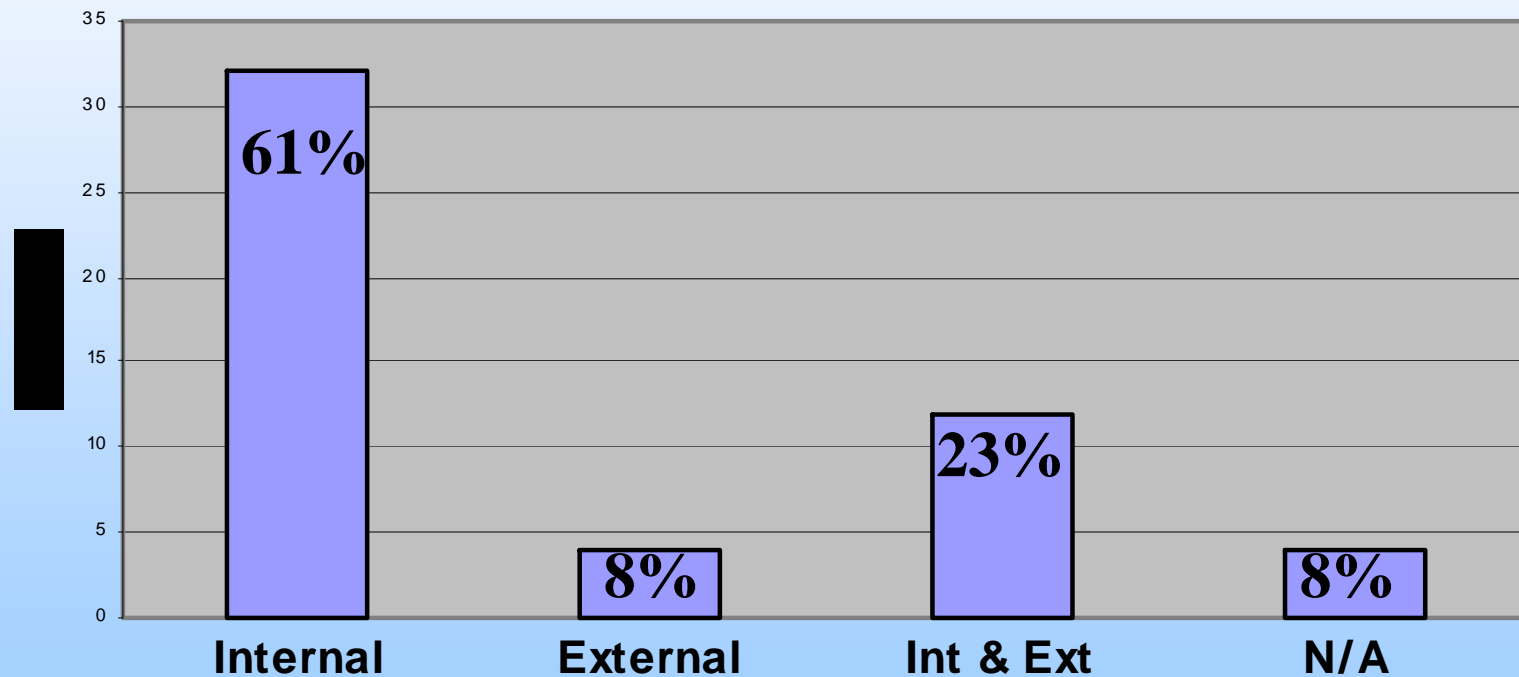
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Survey – Programs & Formal Supervision



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Historical Development & Aims



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- Support
- Practice
- Accountability & Quality Assurance

Models & Framework



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- Administrative – ensuring adherence to policy and procedure
- Educative – dispelling ignorance & upgrading skills
- Supportive – improving morale and job satisfaction

(Proctor & Kadushin 2002)

Key components



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- Aims
- Objectives
- Responsibilities
- Structure (frequency, duration & location)
- Evaluation of the relationship
- Record keeping
- Ethical issues
- Proformas for agreements, evaluations and record keeping (Skerrett 2004)

Benefits to staff



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- Valuable & available to staff at all levels (Kelly et al 2001)
- Support – especially for those working in isolation
- Confidence – to implement innovations within practice
- Enables focus on personal & professional need

Benefits to staff cont.



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- Best practice
- Sharing learning culture
- Sounding board & safety net
- Accountability
- Critical reflection
- Evidence based care
- Patient focused care (Clough 2003 & Wilson et al 2001)

Benefits to staff cont.



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- Reduce stress and burnout
- Clinical & ethical issues addressed early
(Veeramah 2002)
- Clinical insight
- Personal confidence
- Stronger working relationships
- Clinical competence & confidence
- Insight into the roles of others
- Improved team functioning

Client outcomes



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- Enhanced quality of care management
- Reduction in symptoms
- More satisfied with treatment
- More likely to continue with treatment

Benefits to organisation



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- Workforce
- Stress and burnout
- Reduced isolation
- Retention

Barriers to Supervision



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Barriers to supervision



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- Time
- Lack of resources
- Balance support & challenge
- Poor leadership
- Shortage of trained/qualified supervisors
- Culture of workplace & staff response to change

Components



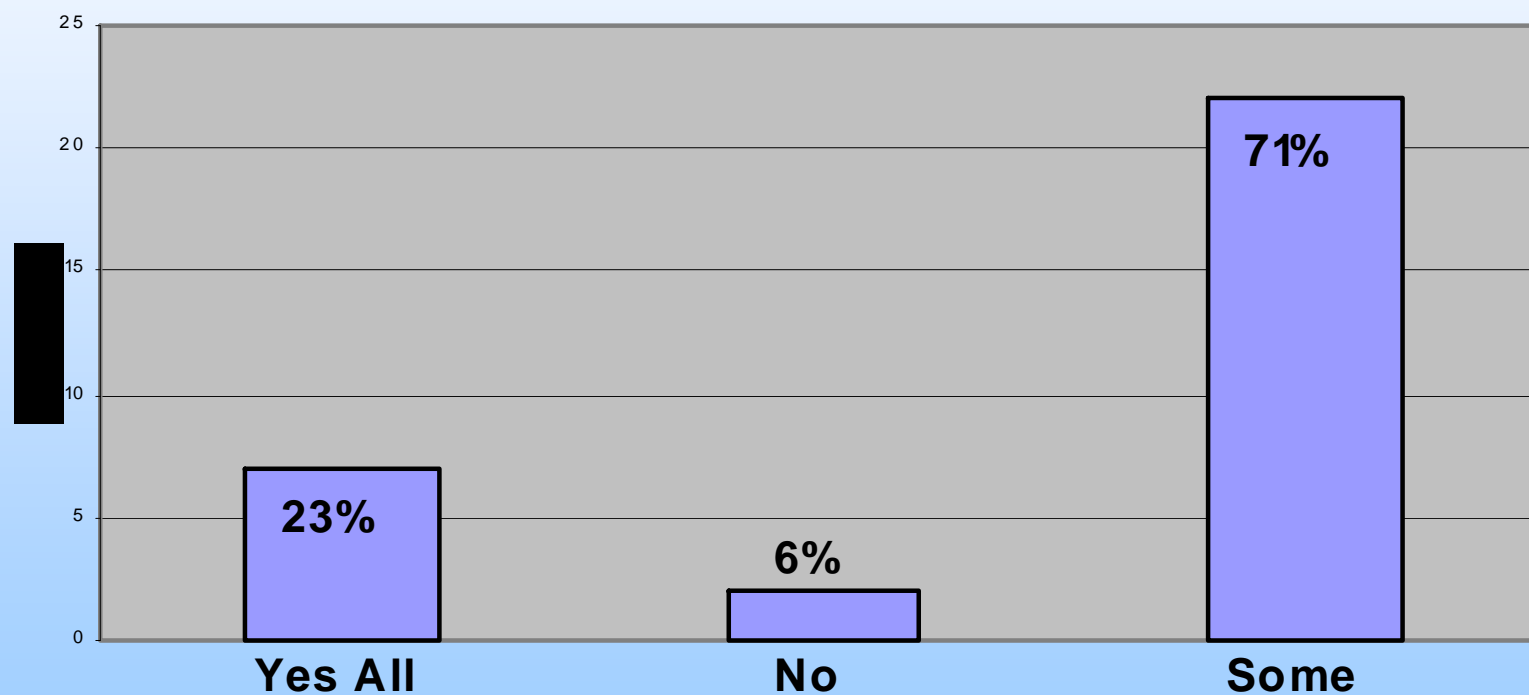
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- Policy
- Selection of supervisors
- Background of supervisor
- Choice of supervisor
- Clinical supervision training

Survey – Supervisor training



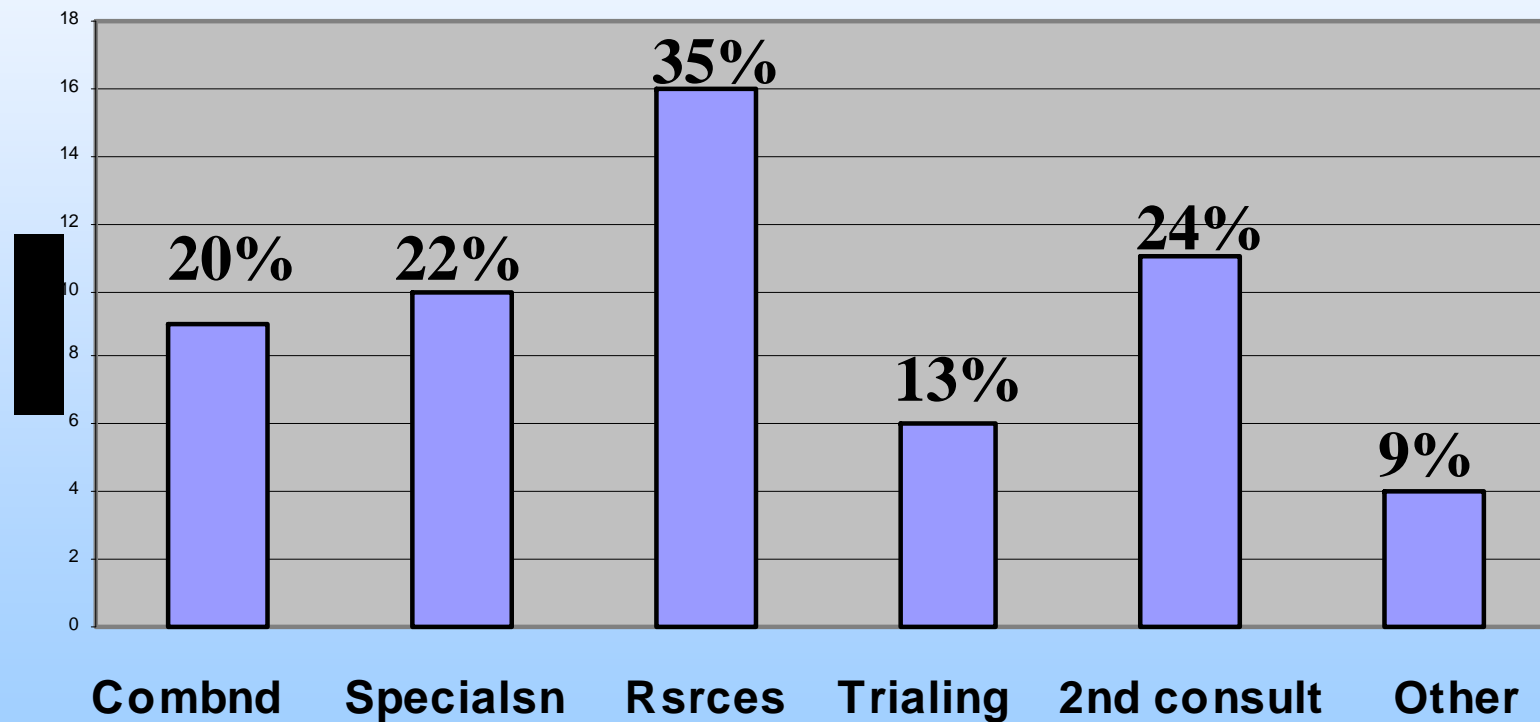
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Survey – Selection of External Supervision



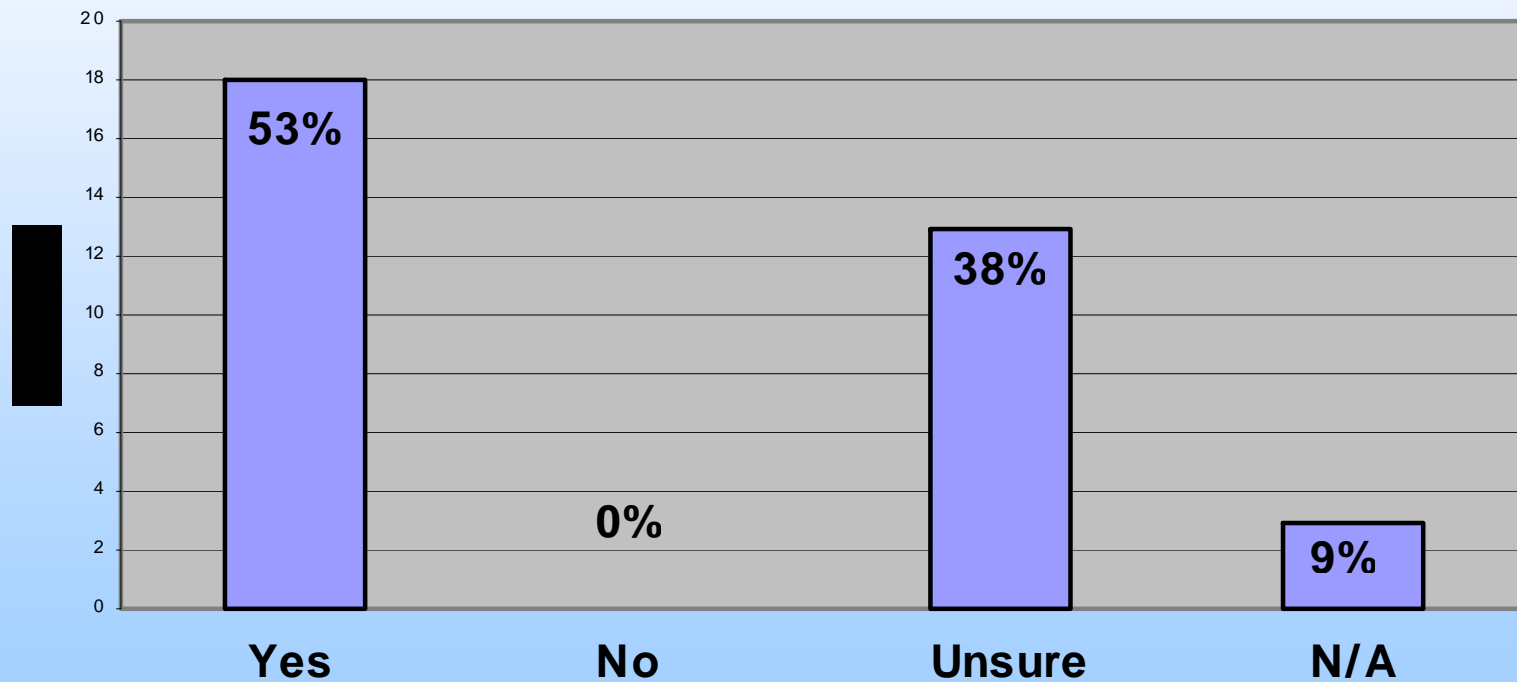
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Survey – External Supervisor training



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Components cont.



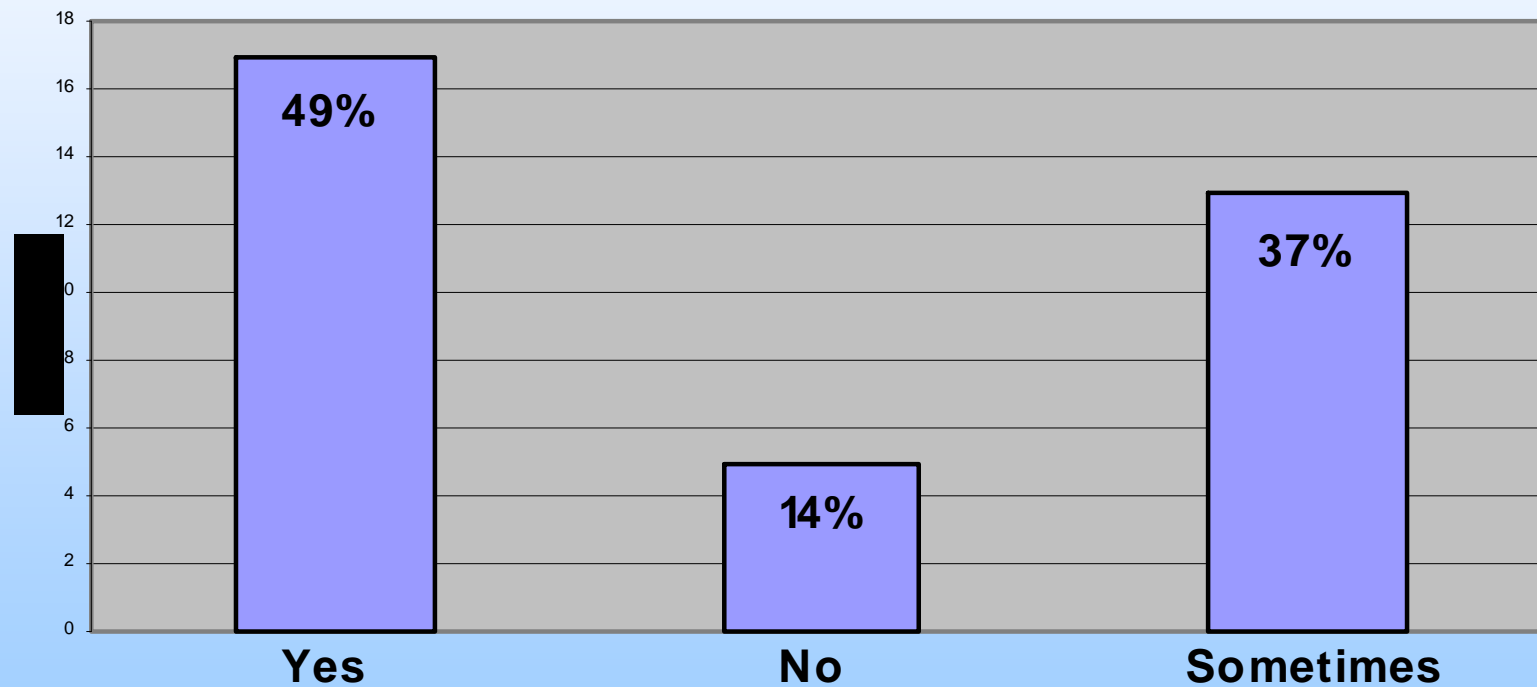
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- Line managers as supervisors
- Confidentiality
- Documentation

Survey – Clinical Supervision & Line Management



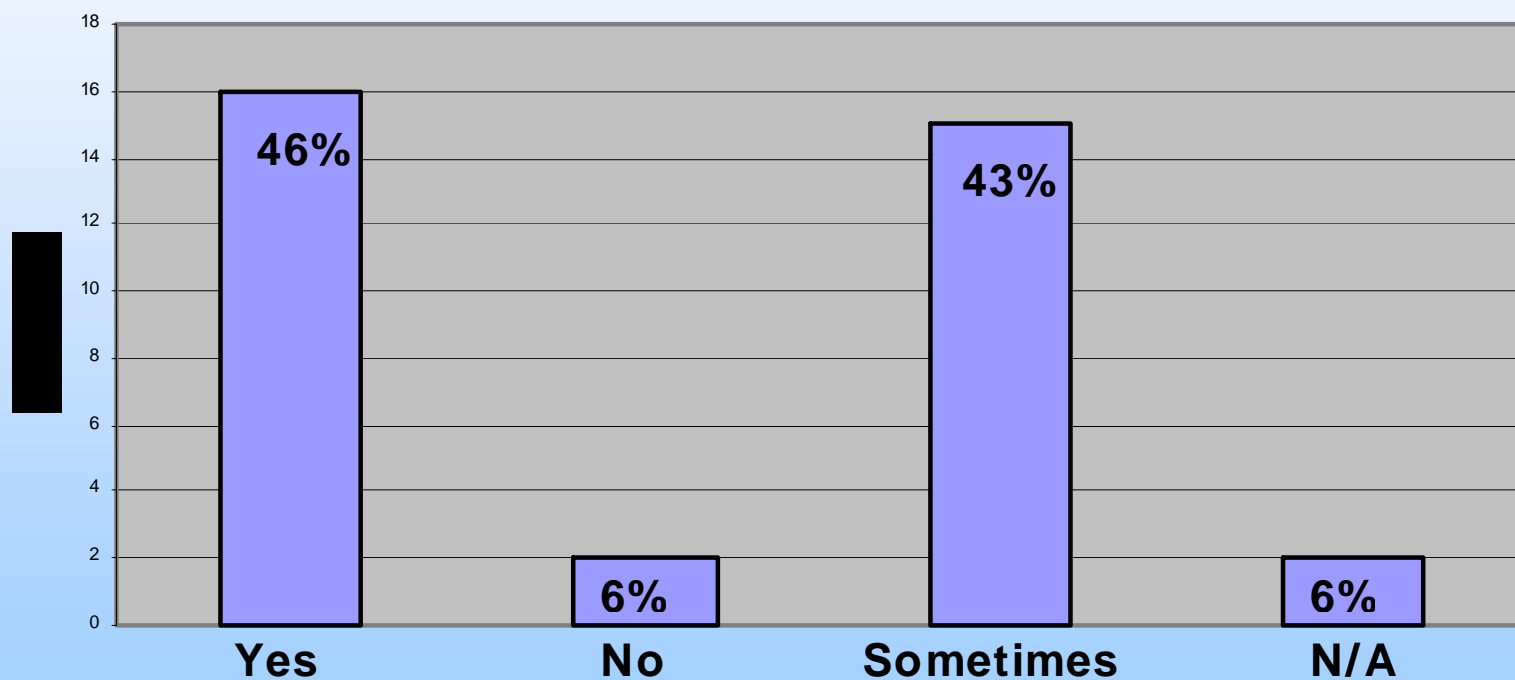
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Survey – Documentation of Formal Supervision



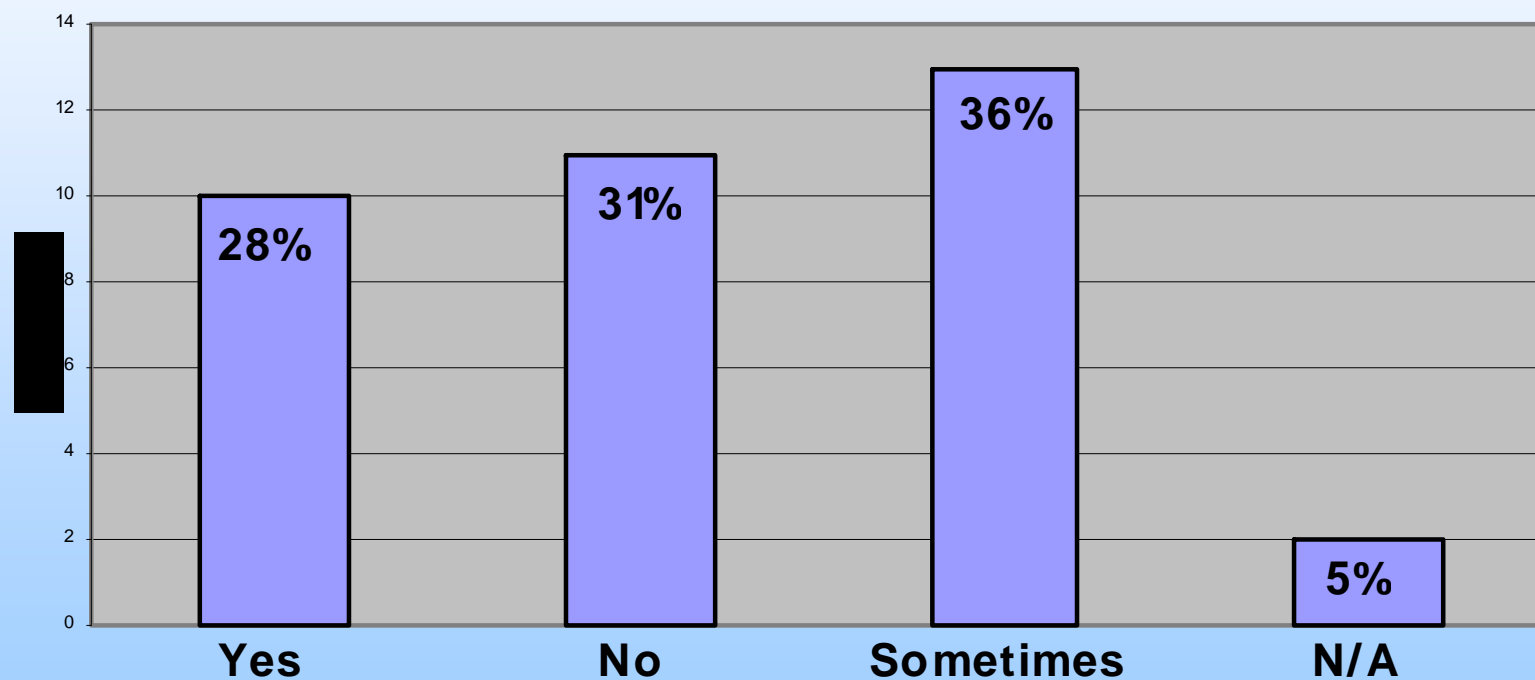
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Survey – Supervision Contract



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Methods



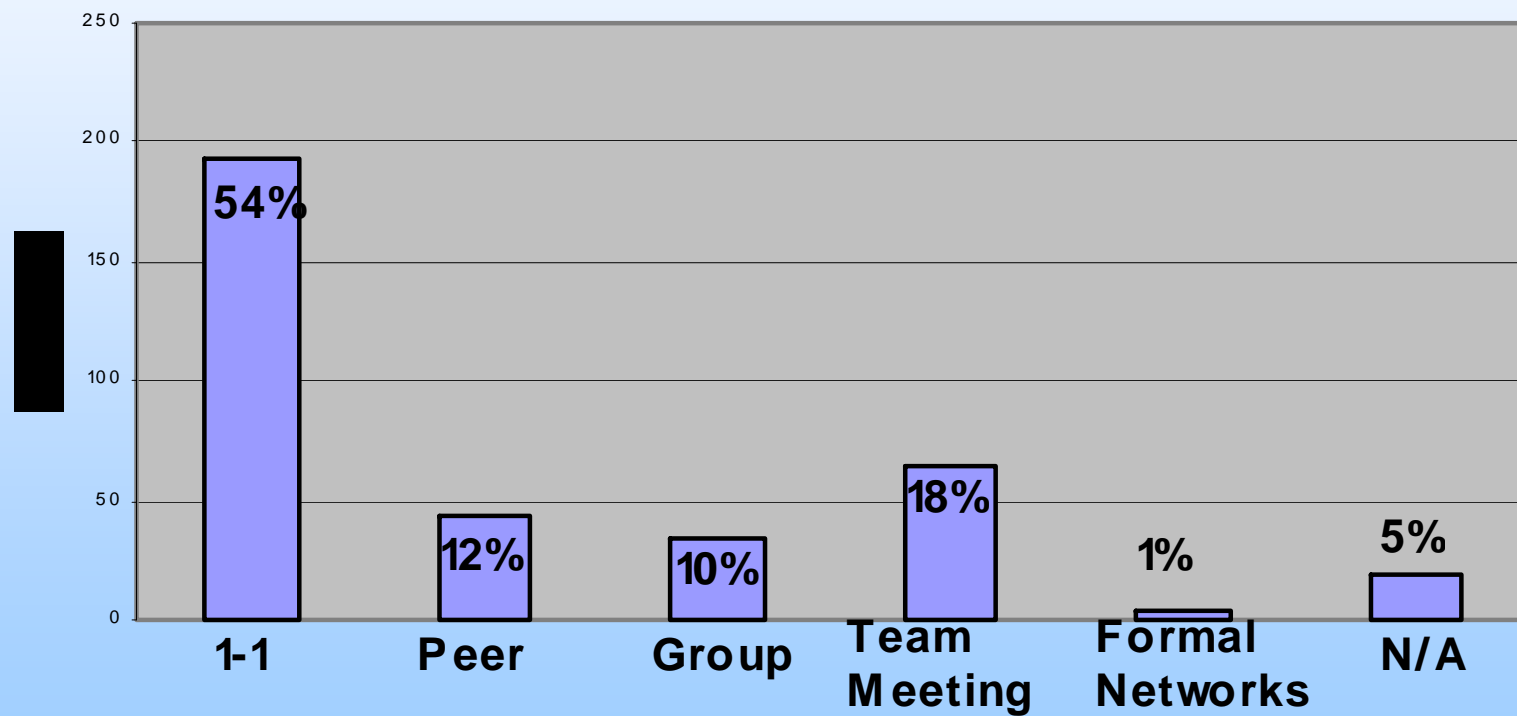
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- One-to-one
- Group
- Peer
- Balint Groups
- Live
- Multiple
- IT

Survey – Type of Supervision



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Minimum standards



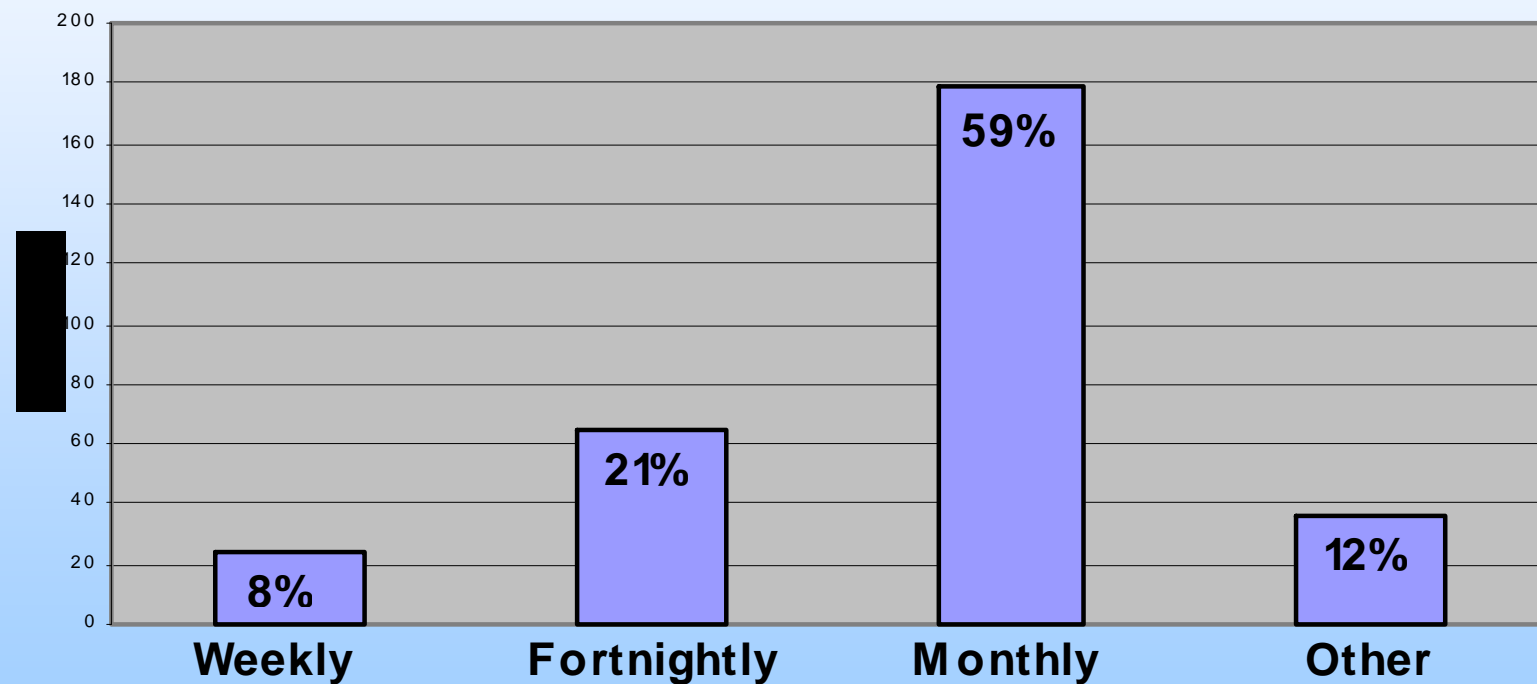
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Frequency	Schedule & type	Level of staff
High	1hr/wk	New grads 3-6months
Medium	1hr/fn	Recent/returning/skill deficits
Low	1hr/2m	All staff over 2yrs exps

Survey – Frequency of Supervision



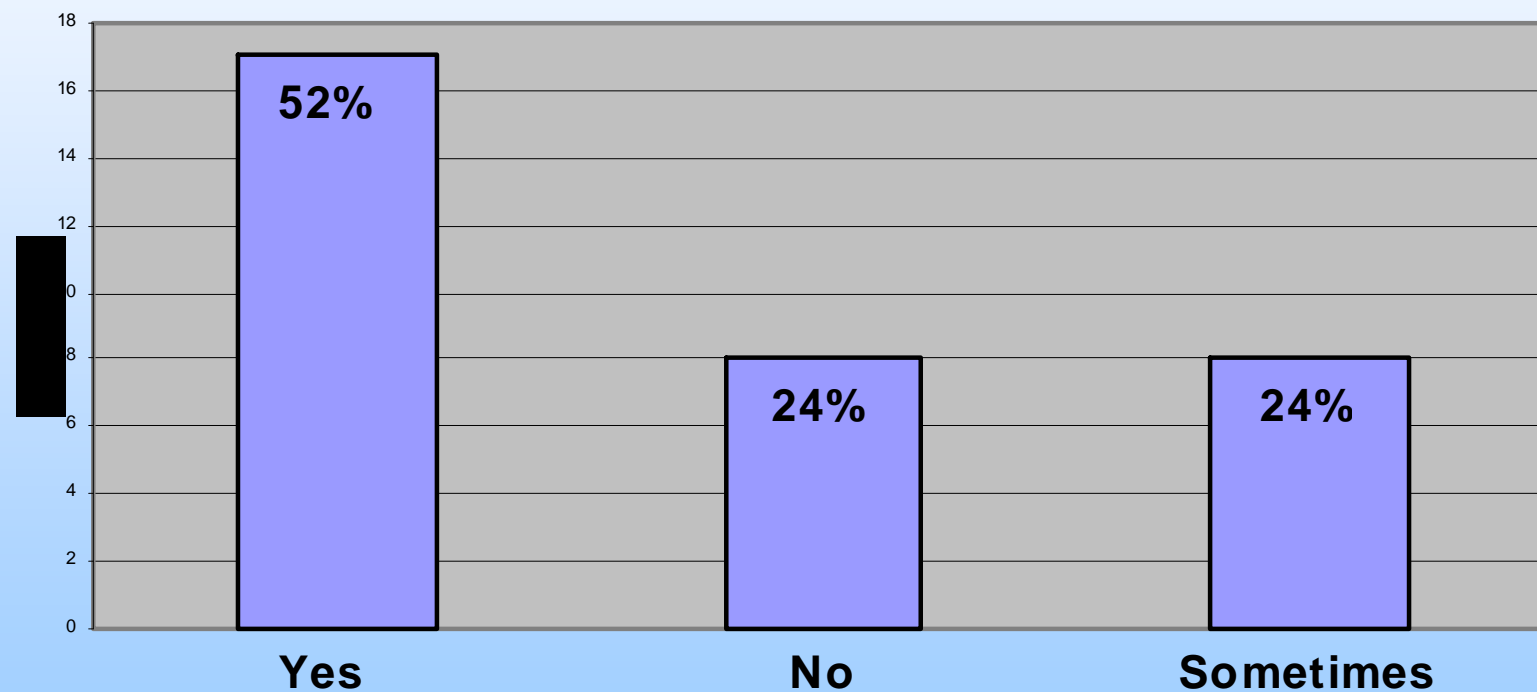
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Survey – Frequency of Supervision and experience



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Evaluation Instruments



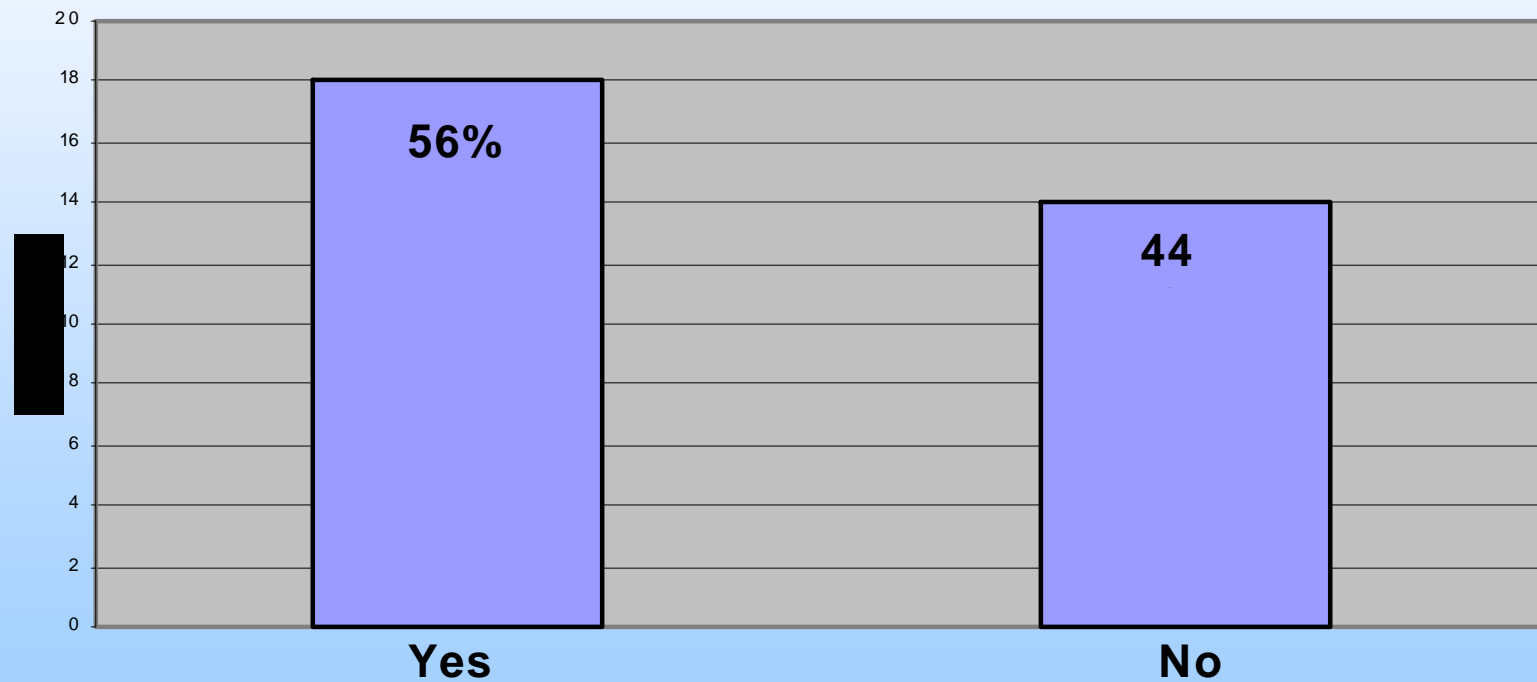
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- Minnesota job satisfaction
- Maslach Burnout inventory
- Manchester Clinical Supervision scale

Survey – Evaluation of Supervision



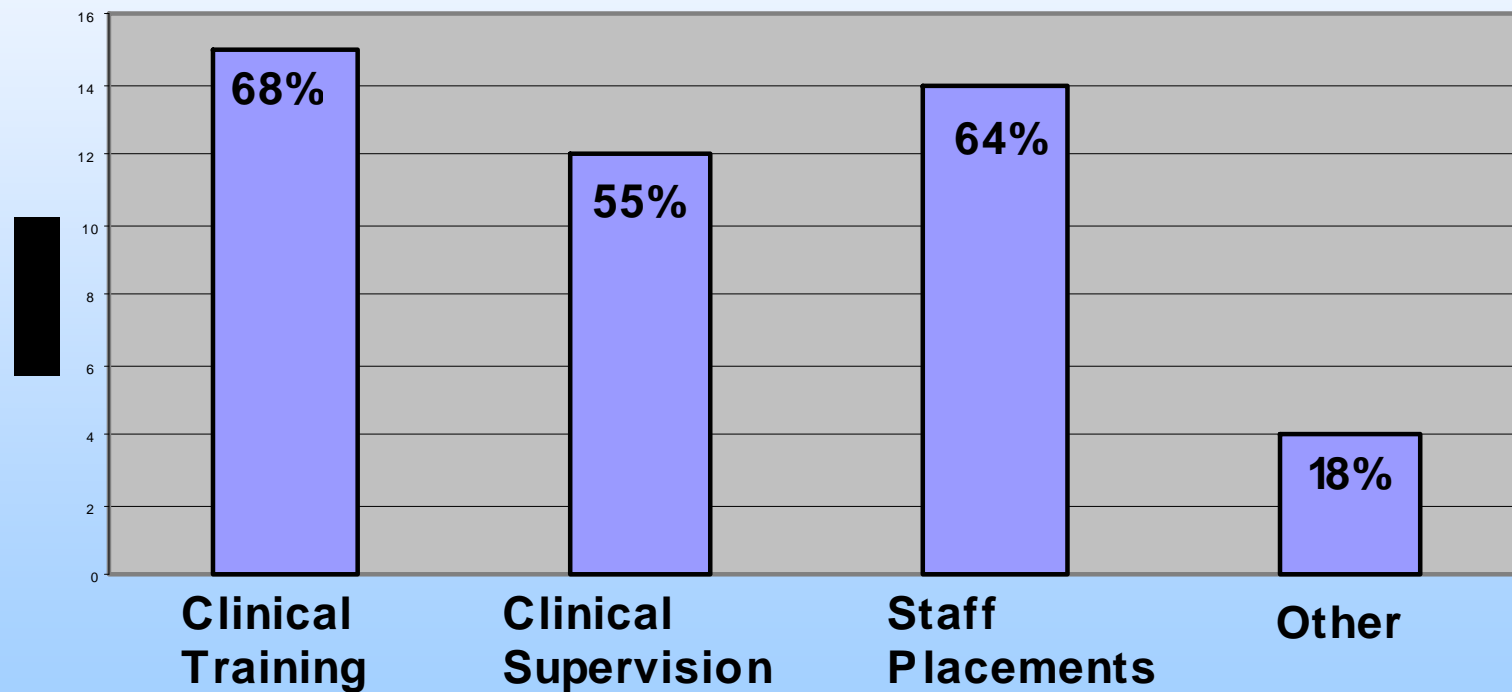
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Survey – Links with acute sector



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Survey & Participation



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- Additional comments
- Participation in WP/Interviews

Sector presentations



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Rachael Young, Senior Human
Resource Adviser, Inner South
Community Health

Peter Quin, Director, Community
Services, Orbost Regional Health