



the Australian College
of Mental Health Nurses Inc.

Documenting Clinical Supervision

Australian College of Mental Health Nurses

2012

The ACMHN Board of Directors gratefully acknowledges the contribution of the ACT Branch Clinical Supervision Working Party, led by Catherine Hungerford and Donna Hodgson members to the development of this document.

Citing the document

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Documentation and Clinical Supervision

This documentation package forms part of the ACMHN Clinical Supervision platform, which includes the ACMHN Clinical Supervision Position Statement and the ACMHN Clinical Supervision Background Paper (both available at <http://www.acmhn.org/career-resources/clinical-supervision.html>) and should be used in conjunction with these.

While clinical supervision sessions are confidential between supervisor and supervisee, there are a number of records that need to be kept.

Clinical Supervision Agreement:

A formal agreement outlining the details of the arrangement should be discussed and agreed prior to commencing Clinical Supervision.

The Clinical Supervision Agreement should include:

- names of Clinical Supervisor and supervisee(s)
- a confidentiality agreement
- details about the model, format (individual/group/peer), mode(s) (face to face, online, telephone/videoconferencing or a combination as agreed), frequency and venue of sessions
- goals and timeframes for these goals to be achieved

The Clinical Supervision Agreement may also include:

- Credentials of the clinical supervisor
- Details about session cost: Many employers will fund the Clinical Supervision of their employees. Some organisations will allow employees to *access* Clinical Supervision during work time, but will not pay for it. Nurses working independently will usually need to pay for their own Clinical Supervision. Whatever the arrangement, where the supervisee is responsible for paying for the supervision sessions, costs are to be negotiated between the Clinical Supervisor and supervisee. Most clinical supervisors have a set fee that they charge for Clinical Supervision.
- Details of conflict resolution processes: Throughout the Clinical Supervision process, conflict may occur between the supervisor and supervisee. Prompt recognition and response to potential issues ensures a stronger supervisor/ supervisee relationship. It can be helpful to agree at the outset how any conflict will be resolved.
- Details of the cessation date and documentation storage: The initial agreement should provide details on the cessation date of supervision as well as storage (where and for how long) and destruction of documentation after the cessation of clinical supervision.

The agreement should be signed and dated by the Clinical Supervisor and Supervisee(s) and copies filed for future reference. In some organisations, a signature by a line manager may also be required (although this person will not be involved in the relationship beyond approving its existence).

The Clinical Supervision Agreement should be reviewed every 6 months – determining whether goals have been achieved, identifying any issues to do with arrangements or venue and any proposed changes to the process. The review may provide opportunity to discuss concerns, but it is advisable to discuss concerns as they arise.

Session Notes:

A brief overview of the key issues arising from each session should be kept for future reference.

Attendance Schedule:

An attendance schedule may be required where evidence of attendance at the Clinical Supervision Session is required.

Release of confidential information pertaining to Clinical Supervision

Documentation that records or relates to confidential information shared by health professionals during Clinical Supervision may be accessed by third parties in some circumstances - pursuant to a subpoena, a search warrant, in disclosure requirements of a criminal case, Freedom of Information or under the Coroner's Act.



Clinical Supervision Agreement

Name of Clinical Supervisee:

Name of Clinical Supervisor:

It is agreed that Clinical Supervision sessions be held:
(e.g. weekly, fortnightly, monthly)

on:

at: (optional)

for: minutes.

It is agreed that the Clinical Supervisee will prepare cases / items for discussion or other information relevant for Clinical Supervision prior to each session.

A review date is set for:

1. Goals of Clinical Supervision (Clinical Supervisee):

.....
.....

2. Expectations of Clinical Supervision (Clinical Supervisor):

.....
.....

We, the undersigned, agree to undertake Clinical Supervision within the framework provided by the ACT Branch, ACMHN. Both Supervisor and Supervisee retain a copy.

Signed:

Signed:

.....
Clinical Supervisor

.....
Clinical Supervisee

.....
Date

.....
Date



Clinical Supervision Notes

To be commenced with initiation of Clinical Supervision and completed at each six (6) monthly review.

Name of Clinical Supervisee:

Name of Clinical Supervisor:

Date of commencement of Clinical Supervision:

Date of review of Clinical Supervision:

Issues	Action to be taken	By whom	Action Date

Signed:

.....
Clinical Supervisor

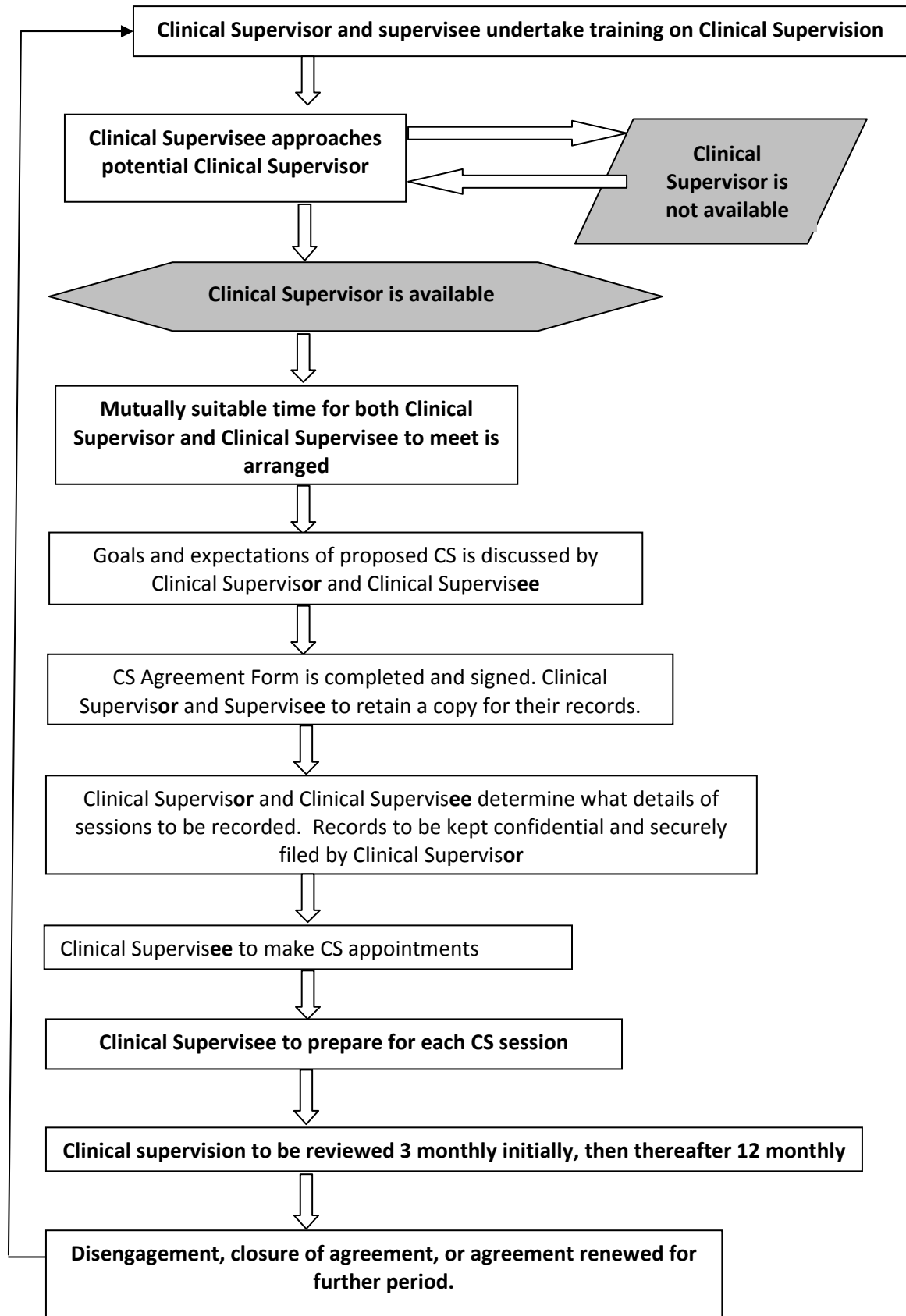
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Date

Signed:

.....
Clinical Supervisee

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Date

Clinical Supervision Flowchart





Group Clinical Supervision Agreement

Name of Clinical Supervisees:

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Name of Clinical Supervisor:

It is agreed that Clinical Supervision sessions be held:
(e.g. weekly, fortnightly, monthly)

on: at:for:..... minutes.

It is agreed that the Clinical Supervisees will prepare cases / items for discussion or other information relevant for Clinical Supervision prior to each session.

A review date is set for:

1. Goals of Clinical Supervision (Clinical Supervisees):

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2. Expectations of Clinical Supervision (Clinical Supervisor):

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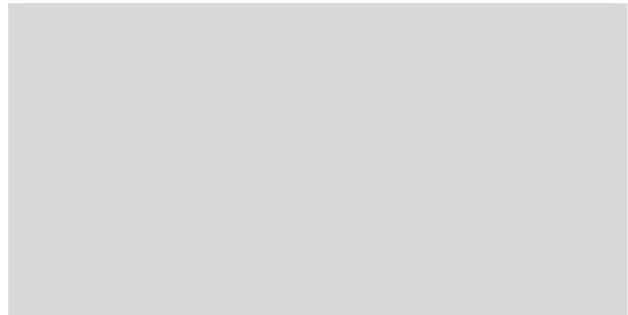


We, the undersigned, agree to undertake Clinical Supervision within the framework provided by the ACMHN.

Signed:

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Clinical Supervisor

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Date



Signed:

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Clinical Supervisee

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Clinical Supervisee

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Date

Group Clinical Supervision Notes

To be commenced with initiation of Clinical Supervision and completed at each six (6) monthly review.

Name of Clinical Supervisees:

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Name of Clinical Supervisor:

Date of commencement of Clinical Supervision:

Date of review of Clinical Supervision:

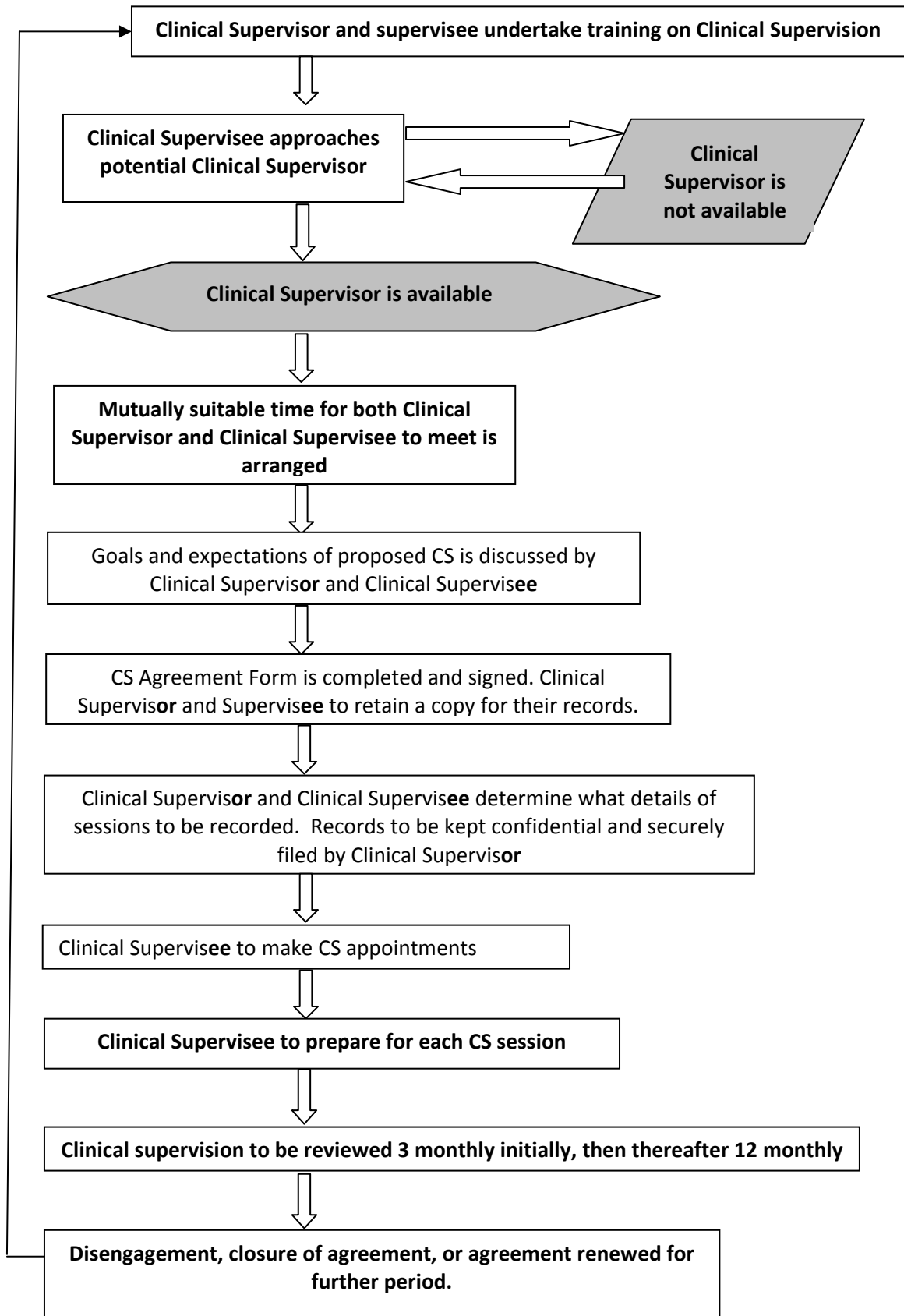
Issues	Action to be taken	By whom	Action Date

Signed:

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Clinical Supervisor

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Date

Clinical Supervision Flowchart





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