Line manager—FAQs

**[Facility/Service/Clinical Stream name]**

## My staff have asked for clinical supervision. What is it?

Clinical supervision is a process whereby nurse/midwives meet voluntarily with a clinical supervisor to discuss and reflect on their clinical practice, with the goals of: providing support; maintaining safety; developing practice; and improving the care experience for the people that nurses/midwives care for.

**Should all nurses and midwives attend clinical supervision?**

While clinical supervision is recommended for all nurses and midwives, it is a voluntary professional development activity and some nurses/midwives may choose not to participate.

**How do I find a clinical supervisor for my staff?**

Does your workplace/service/HHS have a clinical supervision program in place? If so, there should be a contact person who holds a list of available clinical supervisors. If there are no available clinical supervisors in your area, then you may want to discuss the possibility of implementing clinical supervision with your nursing director. This process takes time and commitment but is more sustainable in the long term. In the meantime, you may be able to develop a partnership with a service/workplace/HHS that has an established program or access an external clinical supervisor (the Australian Clinical Supervision Association maintains lists of clinical supervisors on their website).

**My staff member wants an external clinical supervisor—do I need to pay for this?**

No. Staff may choose to access an external clinical supervisor and this would generally be funded in the same manner as other professional development entitlements.

**We are a remote service—how can we access clinical supervision?**

Clinical supervision can be conducted via telephone, video or email. You may find that some clinical supervisors will have capacity to travel to regional or remote areas, at the cost of your service.

**How do staff choose between group and individual clinical supervision?**

This is a personal choice. There are different benefits and challenges to both (as described in the Clinical Supervision Framework). Initially, decisions around this may be based on clinical supervisor availability and staff preferences. Ideally, all staff should be offered individual clinical supervision, with group clinical supervision being a powerful adjunct.

**Does clinical supervision have to be conducted in work time?**

Clinical supervision is a professional development activity and, therefore, should be conducted in work time. In line with other professional development activities, professional development leave may be used to access clinical supervision.

**One of my staff has trained as a clinical supervisor. Can they supervise their colleagues?**

No. A clinical supervisor cannot supervise someone in their clinical area, or someone that they have a dual relationship with (e.g. someone they line manage, or a friend)..

**My staff member has found a clinical supervisor who is an hour’s drive from our service, so their round trip for clinical supervision is three hours. Should I approve this?**

It is important that the supervisee is able to choose their clinical supervisor, and some people may be prepared to travel a considerable distance for this. Depending on your work environment, and availability of local clinical supervisors, it may not be reasonable to approve extended travel time within working hours. You should check whether your workplace has a policy or procedure addressing this.

**My staff member has found a clinical supervisor but I don’t know if they have completed a training course. Is this okay?**

To access clinical supervision in work time, the clinical supervisor should meet the criteria outlined in the Clinical Supervision Framework. It is reasonable to ask a nurse/midwife to provide the required details for their chosen clinical supervisor, prior to approving leave to attend. If the person does not meet the criteria for a clinical supervisor, they may still offer support to the clinician (e.g. debriefing, mentoring, peer support) but it is not clinical supervision.

**We had a busy shift and were unable to replace sick leave. A staff member had clinical supervision pre-arranged and left the ward anyway. Is this okay?**

Session times need to be negotiated with line managers in advance. If there’s an unforeseen increase in clinical workload, then all steps should be taken to support the nurse/midwife’s attendance at clinical supervision. If this is not possible, then the clinical supervision session may need to be rescheduled.

**My staff member has been receiving clinical supervision for some time and their practice issues are not improving. Can I ask their clinical supervisor for updates on their progress?**

No. The content of clinical supervision is confidential (unless it breaches ethical or legal boundaries of professional practice) and, therefore, clinical supervisors cannot discuss issues raised in the sessions and should not be asked to do so.

**An issue has occurred with a staff member. Should I notify their clinical supervisor of this so they can help the staff member during their clinical supervision sessions?**

No. Clinical supervision sessions are clinician-led and supervisees will choose which clinical issues they want to discuss during each session. Clinical supervisors should not be approached with information about their supervisees.

**If I can’t ask a clinical supervisor for updates or feedback, how do I know that the sessions are worthwhile?**

There are a number of ways that clinical supervision can be evaluated, and it is recommended that organisations collect this data. Please see the Clinical Supervision Framework for more information on evaluation methods.