Core Supervision Model for Multi Professionals

Supervision Agreement

# Clinical Supervision (Reflection) — Agreement & Ground Rules

## EXAMPLE ONE -

**To be completed by supervisor and supervisees at the setting up stage**

Both supervisor and supervisee(s) agree to:

* Reflect on issues that affect the clinical practice of the supervisee(s) in order to develop personally and professionally and to ultimately contribute towards ever-improving patient/client care.
* Meet regularly every ………. weeks for 1- 1.5 hrs. at/in ……………………………….
* Protect this time by committing to the agreed dates and times, being punctual and ensuring that there are no interruptions (e.g. mobile phones)
* Be open to feedback from each other as to how the sessions are progressing
* Challenge any breach of confidentiality or of this agreement

**As supervisor I agree to:**

* Ensure all discussion content remains confidential with me unless necessary to address any of the following as a last resort and only after informing the supervisee(s) of my intention:

(1) where the supervisee reveals any illegal or unsafe practice and is unwilling to deal with it using the appropriate organisational procedures or

(2) where the supervisee repeatedly misses or is late for sessions without a reason that is acceptable to the whole group

* Not allow inappropriate managerial interference/influence re; the supervision sessions; management and supervision to remain separate entities
* Offer support, advice and constructive feedback/challenge to achieve the goals of clinical supervision (in-depth reflection)
* Uphold the ground rules
* Keep a record of dates and attendees.

**As supervisee I agree to:**

* Prepare for the sessions and be responsible for contributing to the agenda
* Adhere to the ground rules and take responsibility for making effective use of the time, for the outcomes and for any actions I take as a result of clinical supervision

**Signed by:**

**……………………………………………………………………… Clinical supervisor** (sign and print name)

**………………………………………………………………………** Clinical supervisee 1 (sign and print name)

**………………………………………………………………………** Clinical supervisee 2 (sign and print name)

**………………………………………………………………………** Clinical supervisee 3 (sign and print name)

**………………………………………………………………………** Clinical supervisee 4 (sign and print name)

**………………………………………………………………………** Date

## EXAMPLE TWO –

1. The content of the clinical supervision session will be to:
	* Review clinical practice.
	* Discuss current problems/concerns.
	* Discuss issues related to professional development.

 The normative, formative and restorative functions of clinical supervision will be used as a conceptual framework.

1. The clinical supervision session will be held every for approximately hour(s)
2. Confidentiality between both supervisor and supervisee(s) will be strictly maintained in order that it will not be breached outside of the session unless otherwise agreed by both parties. *Confidentiality clause: All issues discussed will be in confidence, unless there is anything disclosed that affects the well-being of the supervisee or is detrimental to the patients, professional practice, the team or the organisation.*

 In the event of disclosure of information that constitutes malpractice or places the patient or organisation at risk, action will be taken to inform the relevant line manager.

1. A record of attendance will be kept and may be provided for monitoring and audit. Written records of supervisory sessions may be recorded by the supervisor and agreed by the supervisee. Confidentiality and privacy will be maintained in accordance with the professional code of conduct. Both parties may also use a personal reflective journal.
2. We both agree that regular supervision is a commitment and should be cancelled only in the case of illness or crisis. Notice will be given, and it is the responsibility of the person who cancels to rearrange the session.
3. Both parties will participate in formal evaluation of supervisory meetings after months.

Evaluation feedback will be used constructively and may be disclosed to other parties.

1. In the event of the supervisory partnership being ineffective or any difficulties arising, either party can choose to terminate the contract after full discussion and agreement of both parties.
2. In the event of termination of a supervision contract it is the supervisee’s responsibility to approach and agree an alternative supervisor and supervision contract.
3. We agree to abide by the terms set out in this clinical supervision contract.

**Supervisee**

 **Name: Date:**

**Signature:**

**Supervisor**

 **Name: Date:**

**Signature:**

## EXAMPLE THREE –

**We each agree:**

* To meet at regular prearranged intervals for one hour.
* We will prioritize the sessions and inform each other as soon as possible if attendance is not possible, and arrange a following meeting.
* We will meet for six sessions and then review.
* The focus will be on any aspect of the supervisee’s work.
* We will both abide by the clinical supervision policy of the organisation by which we are employed.

**My role as a supervisee is to:**

* Uphold ethical guidelines and professional standards with the aim to ensure and improve quality practice.
* Build a working relationship with you.
* Attend punctually supervision sessions that we organise.
* Help you to identify my work goals and agenda for supervision.
* Be open to feedback, change and consideration of alternative/improved methods of practice.
* Endeavour to complete tasks that we have agreed upon each session.
* Help me build my confidence, capabilities and skills in my work role.
* Express my thoughts and feelings about supervision and to give feedback to you.

I have read and agree to the organisation’s aims, objectives and policy on clinical supervision, which includes the guidelines on confidentiality and record keeping. I am familiar with its general operation.

This contract can be reviewed at any time upon my request to you and it will be reviewed annually.

 **Name: Date:**

**Signature:**

**My role as a supervisor is to:**

* Oversee the practice you do.
* Build a working relationship with you.
* Attend supervision sessions which we organise punctually.
* Help you to identify work goals and the agenda that you bring to supervision.
* Offer appropriate challenge and give constructive feedback to help you improve practice.
* Assist you to acquire knowledge and skills to use in your practice.
* Support you in your personal and professional development.

I have given you the organisation’s aims, objectives and policy on clinical supervision, which includes the guidelines on confidentiality and record keeping. I have read and agree to the organisation’s policy on clinical supervision and am familiar with its general operation.

This contract can be reviewed at any time upon my request and it will be reviewed annually.

 **Name: Date:**

**Signature:**