**An overview of clinical supervision**

Clinical supervision is a broad concept that has different meaning to various audiences When used in relation to students as learners on placement, clinical supervision can be thought of as ‘point of care/point of learning supervision’ . This type of clinical supervision is frequently referred to in the literature as precepting, although some authors and documentation from education providers  use the terms clinical education, clinical facilitation and student mentoring.

Clinical Supervision for professionals who work in specialty mental health settings is embedded in professional standards and workplace policy. The clinical supervision of professionals shares many principles with clinical supervision of students however    practicing health professionals who participate in clinical supervision share “clinical, organisational, developmental and emotional experiences with another professional in a secure confidential environment” (2).

Proctor (1986) identified 3 components to clinical supervision which have been applied to many types of clinical supervision including the supervision of students and the clinical supervision of professionals:

* Normative ( managerial) – to promote, develop and comply with standards, policies and procedures.
* Formative (educative) – to develop skills and an evidence-base for supervision.
* Restorative ( pastoral) – to enable practitioners to understand and manage the emotional stress of practice. (3).

While clinical supervisors include elements of each of these in the clinical supervision process, the primary focus of any clinical supervision process is dependent upon the circumstances in which supervision occurs. When supervising students, the primary focus of supervision is educative.

**All approaches to clinical supervision have a  number of shared goals including client well being and safety; staff well being and safety; mutual development of both parties in the supervisory relationship.**

Principles for establishing effective clinical supervision relationships are that both parties should:

* commit to the relationship and allocate time for it to occur.
* acknowledge that clinical supervision is intended to empower not control.
* recognise the benefits and boundaries of the  relationship.
* establish rules for engagement and negotiate realistic expectations of the relationship and its outcomes.
* maintain confidentiality within the relationship within legal, ethical and organisational expectations.
* foster confidence, self esteem, respect and trust within the  relationship.
* resolve differences in ways that are consistent with organisational policy and procedures.

Clinical supervisors should:

* assist the person being developed through effective role modelling of professional knowledge, skills and behaviours.
* facilitate access to learning opportunities and provide constructive feedback.
* evaluate the effectiveness of the relationship including the benefits to themselves.

**Irrespective of the term used to describe a developmental relationship the key outcome of such a relationship is that both parties in the relationship learn in an environment that is mutually respectful and safe.**

**References:**

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3. Proctor  B. (1986) Supervision: A cooperative exercise in accountability. In : M.Marken & M.Payne (Eds). *Enabling and ensuring supervision in practice*, National Youth Bureau Bureau, Council for Education and Training inYouth and Community Work, Leicester, UK.