

# GUIDANCE DOCUMENT ON PEER GROUP CLINICAL SUPERVISION

Nursing and Midwifery Planning and Development Unit  
Health Service Executive West Mid West  
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## List of Abbreviations

<b>CHO</b>	Community Health Organisation
<b>CDONM</b>	Chief Director of Nursing and Midwifery
<b>DON</b>	Director of Nursing
<b>DOM</b>	Director of Midwifery
<b>DONM</b>	Director of Nursing and Midwifery
<b>DPHN</b>	Director of Public Health Nursing
<b>HEI</b>	Higher Education Institution
<b>HIQA</b>	Health Information and Quality Authority
<b>HSE</b>	Health Service Executive
<b>NMBI</b>	Nursing and Midwifery Board of Ireland (Bord Altranais agus Cnáimhseachais na hÉireann)
<b>NMPDU</b>	Nursing and Midwifery Planning and Development Unit
<b>ONMSD</b>	Office of the Nursing and Midwifery Services Director
<b>PPPG</b>	Policy, Procedure, Protocol, Guideline

# PART A: Guidance Document for the Development of Peer Group Clinical Supervision for Nursing and Midwifery in NMPDU HSE West Mid West

## 1.0 Introduction

Clinical Supervision has become internationally recognised as an important function in nursing and midwifery practice with the goal of improving and maintaining safe, effective and efficient care for patient and services users. It is seen as fundamental in enhancing the culture of an organisation by supporting the values and behaviours of staff.

It is a process that facilitates nurses and midwives to reflect on and challenge different perspectives regarding real workplace experiences and to consider new methods of working in a safe and confidential environment (Morrissey, 2008). In Ireland, the introduction of clinical supervision for nurses and midwives is in the early stages, but is seen to be gaining momentum (Morrissey, 2008; Health Service Executive, 2017, 2012).

Clinical Supervision is advocated to enable support and learning for individual practitioners to develop their knowledge and competence, assume responsibility for their own practice and enhance consumer protection and the safety of care in complex clinical situations (Turner and Hill, 2011; Pollock et al, 2017; Kuhne et al, 2019). Healthcare services are evolving at a rapid pace in response to growing evidence underpinning practice, changing demographics of patient population and the evolving nature of service needs. This is compounded by changing healthcare environments, global nursing and midwifery shortages, and reduced resources (Jangland et al, 2018; Zhao et al, 2020).

The NMPDU in collaboration with nursing and midwifery services across HSE West Mid West recognise the importance of clinical supervision. Implementing this guidance document is central to promoting the personal and professional development of nurses and midwives and improving the quality of patient care outcomes.

## 1.1 Definitions

Clinical Supervision provides 'a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional response to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice' (Care Quality Commission, 2013).

The HSE defines Clinical Supervision as a 'professional relationship between a supervisor and a supervisee (nurse/midwife) where the supervisor facilitates the practitioner in reflecting critically upon their practice. By offering learning opportunities, support, professional guidance and oversight of the supervisee's work, clinical supervision promotes high standards of ethical practice and ensures the welfare of service users and staff alike' (HSE, 2019, page 8).

According to Bond and Holland (2010) peer group clinical supervision is a form of group supervision where 'peer colleagues within the same discipline meet, led by a supervisor who may be more experienced in the same field as the supervisees and has group facilitation skills'.

## 2.0 Development of Peer Group Clinical Supervision NMPDU HSE West Mid West

### 2.1 Aim

The overarching aim of this document is to provide guidance and inform the ongoing implementation of peer group clinical supervision for nurses and midwives in the NMPDU HSE West Mid West healthcare settings.

### 2.2 Guidance, Development and Regulation

**2.2.1** The purpose of this guidance document is to guide the ongoing implementation of peer group clinical supervision for nurses and midwives working across NMPDU HSE West Mid West. It will enable nurses and midwives to access peer group clinical supervision within their workplace. It will also provide support to enhance their clinical practice. The guidance document is underpinned by evidence that will support nurses and midwives in further developing their clinical competence within their scope of practice (NMBI, 2015a).

Clinical Supervision can be conducted in formats such as one to one, within a team or within a group of peers. In choosing a format, it is important to consider two factors: target audience and sustainability. Peer group clinical supervision was selected as the most appropriate format within NMPDU HSE West Mid West.



## 2.2.2 Legislation, regulation and relevant policies/publications

- A Vision for Psychiatric/Mental Health Nursing (HSE, 2012)
- Best Practice Guidance for Mental Health Services (HSE, 2017)
- Clinical Supervision Framework for Nurses Working in Mental Health Services (HSE, 2015a)
- Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, (NMBI, 2021)
- Community Healthcare Organisation 5 Clinical Supervision Policy (HSE, 2016)
- Evaluation of the Implementation of Peer Group Clinical Supervision for Registered Nurses and Midwives – HSE West Mid West (University of Limerick, 2023)
- Health Information and Quality Authority National Standards for Safer Better Maternity Services (HIQA, 2016)
- HSE North East Nursing and Midwifery Peer Group Clinical Supervision Strategic Plan 2017 – 2020 (HSE, 2017)
- HSE Public Health Sector Guidance Document on Supervision for Health & Social Care Professionals: HR Circular 002/2015 (HSE, 2015b)
- National Policy for Clinical Supervision in Psychiatric/Mental Health Nursing (HSE, 2019)
- Nurses and Midwives Act 2011 (Government of Ireland, 2011)
- Recording Clinical Practice Guidance to Nurses and Midwives (NMBI, 2015b)
- Records Retention Periods Health Service Policy (HSE, 2013)
- Scope of Nursing and Midwifery Practice Framework (NMBI, 2015a)
- Values for Nurses and Midwives in Ireland (NMBI, Department of Health & ONMSD, 2016).

## 2.3 Values of Peer Group Clinical Supervision

Care, Compassion and Commitment are the core values underpinning and guiding nursing and midwifery practice in Ireland. These values and their associated behaviours are the very essence of nursing and midwifery practice and form the basis for professional decision making and actions (NMBI, 2016). Taken together these values represent the unique contribution of nursing and midwifery to safe patient care. This document is underpinned by these values:

### Care is..

promoting the delivery of high quality nursing and midwifery care that is focused on the individual needs of patients and service users.

### Compassion is..

showing empathy and respect for the person to ensure that the dignity of the person is upheld at all times. The nurse and midwife upholds the trust of the person by providing care that is based on integrity, genuineness, kindness and comfort.

### Commitment is..

having a person centred approach to professional practice. This requires professional courage, a commitment to lifelong learning that is demonstrated by intellectual engagement. Commitment is further demonstrated by a work ethic that is underpinned by a passion and drive for professionalism to develop self and support teams with diligence and resilience.

## 2.4 The Importance of Clinical Supervision in Clinical Practice

Clinical Supervision is an important process in supporting nurses and midwives within organisations to optimise patient care outcomes by underpinning the values of care, compassion and commitment through engaging with:

- quality improvement
- risk identification and management
- systems of accountability and responsibility.

## 2.5 The Benefits of Clinical Supervision

Clinical Supervision provides a structured reflective approach on clinical practice for nurses and midwives which can lead to improvements in practice and service user care by:

- Enabling the opportunity to gain information and insights, and promote reflective practice
- Encouraging professional and personal growth
- Valuing and enabling the development of professional knowledge in practice
- Supporting the development of clinical skills and professional practice in response to service user needs
- Improving standards and the quality of nursing and midwifery care
- Supporting and empowering nurses and midwives to work effectively
- Facilitating a process of support from the emotional and personal stress involved in nursing and midwifery
- Improvement in confidence and leadership skills as clinical supervision has been seen to empower leadership, promote an innovative climate and promote self development
- Promote resilience by reducing stress and anxiety, related to the fact that clinical supervision provides a method for sharing skills, knowledge and resources, in a safe and supportive environment.

(Health Service Executive, 2015a; Westervelt et al, 2018; Mackay et al, 2018; Corey et al, 2021; O'Shea et al, 2019; McCarthy et al, 2021; Gonge and Buus, 2016; Francis and Bulman, 2019; Bifarin and Stonehouse, 2017))

## 3.0 Key Stakeholders - Roles and Responsibilities

### 3.1 Directors of Nursing and Midwifery/Services Management Responsibilities:

- Promote awareness of the availability of peer group clinical supervision within their respective services
- Communicate the peer group clinical supervision guidance document to staff who are engaging in or intending to engage in peer group clinical supervision
- Ensure succession planning is in place to support the ongoing implementation of peer group clinical supervision for registered nurses and midwives in their service
- Peer group clinical supervisors and supervisees are supported by senior management to:
  - Support clinical supervisees and clinical supervisors to have protected time within their work area to attend peer group clinical supervision
  - Support the peer group clinical supervisors to attend their own regular clinical supervision
  - Ensure that there is flexibility for staff to access peer group clinical supervision
  - Identify and support nurses and midwives to become internal peer group clinical supervisors.

### 3.2 Peer Group Clinical Supervisor Responsibilities:

- Undertake and complete a recognised education programme to develop the skills and competencies required to deliver peer group clinical supervision
- Be familiar with relevant professional and organisational PPPGs
- Establish a safe supervisory environment where confidentiality and trust are essential elements of the relationship
- Explain and adhere to the ground rules and working agreement as agreed by the group.  
Follow Peer Group Clinical Supervision Decision Support Framework When Safety Risk is Identified (Appendix 1)
- Formalise a written Peer Group Clinical Supervision Agreement (Appendix 2) with supervisees
- Facilitate a reflective space for supervisees to monitor and develop sound clinical and ethical practice in a structured manner
- Peer Group Clinical Supervision is best supported through face to face contact. If a face to face meeting is not possible, the peer group clinical supervisor may use video or audio platforms as an alternative. The principles of best practice in peer group clinical supervision must be maintained as per this guidance document regardless of which platform is chosen. Platforms must be licensed for use by the employing organisation and be secure, private and safe. The clinical supervisor organising the meeting must check the internet access is secure, and that any security features are in use.
- Maintain minimal written records of clinical supervision sessions. This will be discussed and agreed with the supervisees and documented on the Peer Group Clinical Supervision Recording Sheet (Appendix 3)
- Validate good practice and establish a two-way feedback process which is clear, constructive and regular
- Participate in their own regular supervision in respect of their peer group clinical supervision work
- Commit to deliver 1 hour of peer group clinical supervision per month for 1 year initially.

### 3.3 Peer Group Clinical Supervisees Responsibilities:

- Adhere to relevant professional and organisational PPPGs
- Maintain minimal written records of clinical supervision sessions. This will be discussed and agreed with the peer group clinical supervisor
- Positively engage in the peer group clinical supervision process
- Identify and discuss issues that affect his/her nursing or midwifery practice
- Be aware of the boundaries of the relationships in the peer group clinical supervision process, observing confidentiality at all times
- Give and receive constructive feedback to peers
- Commit to attend Peer Group Clinical Supervision for 1 hour per month for 1 year initially.

### 3.4 NMPDU Directors and Assigned NMPDU Project Officers are Responsible for:

- Liaising with Directors of Nursing/Midwifery/Services throughout the region, to enable them to identify the need for peer group clinical supervision through information/briefing session.
- Creating awareness and understanding of the principles of peer group clinical supervision throughout the region
- Facilitating, providing guidance and supporting the ongoing implementation of peer group clinical supervision by supporting the supervisors and supervisees
- Circulating relevant information and updates to supervisors, supervisees, managers and services.

## 4.0 Governance Arrangements for Peer Group Clinical Supervision

### Peer Group Clinical Supervision Development Pathway

#### Implementation Sponsor: Director of Nursing and Midwifery/Director of Services

In order to succeed, clinical supervision must have sponsorship at all levels within services. The organisation and all senior management must support and enable the process of formalised reflection on practice. Organisational culture is a critical determinant of implementation (Bradshaw et al, 2007).

#### How to Become a Peer Group Clinical Supervisor

In order to become a peer group clinical supervisor, a relevant education programme must be completed.

- Potential candidates apply directly to HEI to undertake relevant education programme
- Potential candidates apply for funding to local Centre of Nurse/Midwifery Education prior to commencement of education programme.

#### Introducing Peer Group Clinical Supervision

##### Procedure to commence peer group clinical supervision:

**Frequency:** Peer group clinical supervision should take place every month

**Duration:** Peer group clinical supervision should take one hour. This is facilitated protected time within the working day

**Group Size:** Peer group clinical supervision groups comprise of 4-6 staff of the same or equivalent grade (See Appendix 4)

**Venue:** Peer group clinical supervision should take place at a work based location free from distraction or interruption Where this is not possible consideration should be given to providing a quiet space which offers privacy and distance from the workplace. This can be face to face or online/teleconference

**Commitment:** The process of peer group clinical supervision occurs within a trusting relationship established between supervisor and supervisees. All contribute to the relationship and have responsibilities within the supervision process. Peer group clinical supervisors are required to attend each peer group clinical supervision session.

#### Responsibilities

##### Nursing and Midwifery Management

- Promote awareness of peer group clinical supervision
  - Communicate the peer group clinical supervision guidance document to staff
- Support peer group clinical supervisors and supervisees to:
  - have protected time to attend peer group clinical supervision
  - attend their own regular clinical supervision
  - facilitate the identification of nurses and midwives and support them to train and become peer group clinical supervisors.

##### Peer Group Clinical Supervisor

- Have successfully completed a recognised education programme
- Be familiar with relevant PPPGs
- Establish a safe supervisory environment (face to face/online/teleconference)
- Explain and adhere to the ground rules and working agreement as agreed by the group
- Formalise a written peer group clinical supervision agreement with supervisees
- Facilitate a reflective space for supervisees
- Maintain minimal written records of the peer group clinical supervision session
- Validate good practice and establish a two-way feedback process
- Participate in their own regular supervision in respect of their peer group clinical supervision work
- Commit to facilitate 1 hour of peer group clinical supervision per month for 1 year initially.

##### Peer Group Clinical Supervisee

- Be familiar with relevant PPPGs
- Positively engage in peer group clinical supervision process
- Identify and discuss issues that affect his/her nursing or midwifery practice
- Be aware of the boundaries of the relationships in the peer group clinical supervision process, observing confidentiality at all times
- Give and receive constructive feedback to peers
- Commit to attend 1 hour per month of peer group clinical supervision for 1 year initially.

## Part B

### 1.0 Background

#### 1.1 Purpose

The purpose of this guidance document is to provide a single repository of all information pertaining to the ongoing implementation of peer group clinical supervision for registered nurses and registered midwives in HSE West Mid West reflecting current evidence based practice.

#### 1.2 Scope

This guidance document applies to:

- Chief DONM/DON/DOM/DONM/DPHN/Area Director Mental Health Nursing/Area Director/Manager Disability Services and Service Managers implementing peer group clinical supervision within their service
- Assistant Directors of Nursing / Midwifery/Service Managers
- Peer group clinical supervisors
- Peer group clinical supervisees
- External clinical supervisors
- Internal experienced clinical supervisors
- All key stakeholders supporting the ongoing implementation of peer group clinical supervision for nursing/midwifery in the NMPDU HSE West Mid West and HSE West Mid West funded services.

#### 1.3 Objective(s)

The objectives are to:

- Provide clear lines of responsibility and accountability to support the ongoing implementation of peer group clinical supervision for registered nurses and registered midwives
- Provide clear guidance to facilitate the ongoing implementation of peer group clinical supervision for nurses and midwives within health care settings
- Support health service providers who are participating in building capacity succession planning for peer group clinical supervision within their services.

#### 1.4 Outcome

The outcome of this guidance document will create a standardised process for the ongoing implementation of peer group clinical supervision for registered nurses and registered midwives in NMPDU HSE West Mid West.

#### 1.5 Governance

This is a NMPDU HSE West Mid West initiative. Governance for the ongoing implementation of the initiative rests with Directors of Nursing/Midwifery/Services and is supported by NMPDU project officers.

## 1.6 Supporting Evidence

References are listed in Section 8.0.

### 1.6.1 List legislation/regulation/relevant PPPGs/publications

Refer to Part A.

### 1.6.2 List PPPGs that are being replaced by this PPPG

This guidance document replaces Guidance Document on Peer Group Clinical Supervision: Nursing and Midwifery Planning and Development Unit, Health Service Executive West Mid West (2019) Number NMPDUWMW/PGCS/01.

## 2.0 Development of Guidance Document

### 2.1 List the questions (clinical/non-clinical)

The purpose of the literature search was to explore the current relevance of peer group clinical supervision for nurses and midwives in the NMPDU HSE West Mid West.

### 2.2 Literature search strategy

The development group focused on recent Irish legislation, professional regulation and relevant PPPGs and publications to inform this guidance document. International evidence on peer group clinical supervision with particular reference to Proctor's Model of Supervision (1986) was also reviewed.

### 2.3 Method of appraising evidence

Evidence appraisal was not applicable for this guidance document.

### 2.4 Process used to formulate recommendations

Grading of recommendations was not applicable for this guidance document.

### 2.5 Summary of the evidence from the literature

Clinical supervision is a concept which has been within the domain of healthcare for many decades but remains in its early stages within the Irish Health Service for nurses and midwives (Morrissey, 2008). In recent years however, the process has gained momentum (Parlour & Slater, 2014) and is now recognised as a method of enhancing quality care (HSE, 2012). Clinical supervision can support nurses and midwives in improving standards of care and encourages professionals to think about and reflect on their behaviors and practices as a means of improving the quality of care provided (Bifarin and Stonehouse, 2017). It provides opportunities for nurses and midwives to critically review and transform their beliefs, values and behaviours, through empowering professionals to negotiate learning and development requirements (Esfahani et al, 2017; Key et al, 2019).

Proctor's Model of Supervision (1986) focuses on learning support and accountability. This model outlines three functions of clinical supervision:

#### **Formative (educative/learning) function:**

The formative function of supervision focuses on the development of skills, understanding and abilities of the supervisee through an in-depth reflection of the supervisee's work. It enables the supervisee to learn and continually develop their professional skills fostering insightfulness through guided reflection.

- Supports personal and professional development
- Encourages and supports lifelong learning
- Helps to identify further training and development needs.

#### **Restorative (supporting personal well-being) function:**

The restorative function refers to the development of a supportive relationship with the supervisor which in turn supports the supervisee in dealing with the emotional impact arising from clinical practice. The practitioner should be able to share concerns and difficulties regarding their clinical nursing and midwifery practice. It fosters resilience through nurturing supportive relationships that offer motivation and encouragement in times of stress.



- Supports self-care and well-being
- Provides insight into emotional responses
- Enhances morale and working relationships.

**Normative (accountability/managerial/organisational responsibility) function:**

The normative function highlights the importance of professional and organisational standards and the need for competence and accountability. It supports the supervisee to develop skills and competencies, allowing practice to be challenged in a safe environment. This function assists the supervisee to meet the clinical governance and risk management agenda.

- Supports delivery of a high standard of ethical, safe and effective care
- Enhances performance.

## 2.6 Resources to implement the Guidance Document

The NMPDU HSE West Mid West supports peer group clinical supervisors:

- Where required, provide funding to undertake relevant HEI education programme (through Centres of Nurse and Midwifery Education in HSE West Mid West)
- Support external peer group clinical supervision for peer group clinical supervisors who are facilitating groups
- Provide information/briefing sessions to registered nurses and registered midwives
- Provide documentation/toolkits for supporting the ongoing implementation of peer group clinical supervision.

## 2.7 Outline of PPPG Steps/Recommendations

See Part A of this document.

## 3.0 Governance and Approval

### 3.1 Formal Governance Arrangements

This is a NMPDU HSE West Mid West initiative. Governance for the ongoing implementation of the initiative rests with Directors of Nursing/Midwifery/Services and is supported by NMPDU project officers.

### 3.2 Method for Assessing the PPPG in Meeting the Standards Outlined in the HSE National Framework for Developing PPPGs

The guidance document was reviewed to ensure compliance with Policies, Procedures, Protocols and Guidelines Checklist for Developing Clinical PPPGs (HSE, 2016).

### 3.3 Approval and Sign Off

This revised NMPDU HSE West Mid West Guidance Document on peer group clinical supervision was approved by Dr Patrick Glackin, Area Director, NMPD, HSE West and Ms Carmel Hoey, Director, NMPDU, HSE West Mid West and meets the standards outlined in the HSE National Framework for Developing Policies, Procedures, Protocols and Guidelines (PPPGs) (HSE, 2016).

## 4.0 Communication and Dissemination

### 4.1 Communication and Dissemination Plans

This revised guidance document and associated toolkits will be made available to services that are engaging in peer group clinical supervision. The guidance document will also be circulated widely to nursing, midwifery and service management in NMPDU HSE West Mid West. The document can be accessed online at:

<https://healthservice.hse.ie/about-us/onmsd/onmsd/nursing-midwifery-planning-development-nmpdu-projects-initiatives.html#NMPDU-West-Mid-West>

## 5.0 Implementation

### 5.1 Implementation Plan

The guidance document will be implemented by Directors of Nursing/Midwifery/Services who are supporting peer group clinical supervision throughout HSE West Mid West.

### 5.2 Education/Training Plan

A powerpoint presentation on peer group clinical supervision for nurses and midwives is available from the relevant NMPDU Project Officers as required. This can be used by peer group clinical supervisors and services implementing peer group clinical supervision.

Briefing sessions on peer group clinical supervision will be provided by NMPDU Project Officers if required.

### 5.3 Specific Roles and Responsibilities on the Implementation of this Guidance Document

#### 5.3.1 Nursing/Midwifery and Service Managers

- Support the implementation of the guidance document
- Assign personnel with responsibility, accountability and autonomy to implement the guidance document
- Provide managers with support to implement the guidance document
- Ensure clinical staff are supported to implement the guidance document
- Monitor the implementation of the guidance document.

#### 5.3.2 Peer Group Clinical Supervisors/Supervisees

- Peer group clinical supervisors and supervisees should comply with this guidance document
- A copy of the signature sheet should be signed to show all relevant staff have read, understood and agreed to adhere to this guidance document.

#### 5.3.3 NMPDU Project Officers

- Guide, support and advise on the implementation of this guidance document.

## 6.0 Monitoring

### 6.1 Monitoring

The Director of Nursing/Midwifery/Services will monitor the use and implementation of this guidance document on an ongoing basis.

## 7.0 Revision/Update

### 7.1 Procedure for the update of the guidance document

The guidance document will be reviewed and updated in 2026 or sooner if relevant.

### 7.2 Method for amending this guidance document if new evidence emerges

The guidance document will be revised by the NMPDU HSE West Mid West if new evidence emerges.

## 8.0 References

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## 9.0 Appendices

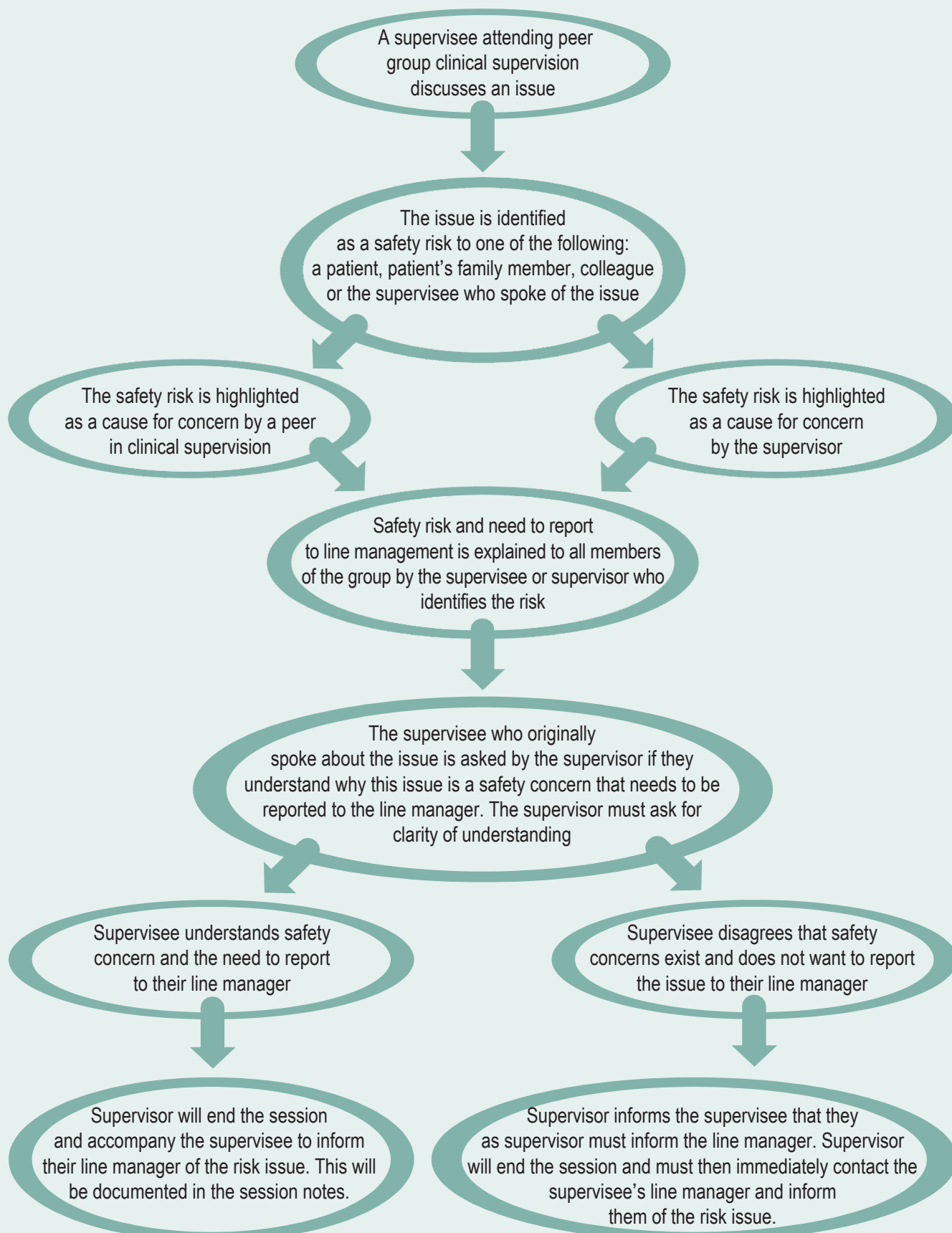
The following appendices will support the implementation of peer group clinical supervision

- Appendix 1: Peer Group Clinical Supervisors Decision Support Framework When Safety Risk is Identified
- Appendix 2: Peer Group Clinical Supervisors Agreement
- Appendix 3: Peer Group Clinical Supervisors Recording Sheet
- Appendix 4: Peer Group Clinical Supervisors Frequently Asked Questions
- Membership of the Group for Development of Guidelines (held with Master copy in NMPDU HSE West Mid West)
- Conflict of Interest Form (Held with Master copy in NMPDU HSE West Mid West)
- Peer Group Clinical Supervision Guidance Document Checklist for Standards (held with Master copy in NMPDU HSE West Mid West).



## Appendix 1: Peer Group Clinical Supervision Decision Support Framework When Safety Risk Is Identified

It is acknowledged that Clinical Supervision is a confidential process where all parties have a shared understanding that any breaches of codes of ethics or practice will be addressed according to organisational policies and codes of conduct, respectfully and in a timely manner. This is a decision support framework; one may skip to different stages depending on the issue or if there are serious concerns that require urgent action (HSE 2019)



(Adapted from the Policy on Peer Group Clinical Supervision for Nurses and Midwives in HSE Dublin North East (2017))

## Appendix 2: Peer Group Clinical Supervision Agreement

<b>Name of Supervisor:</b>	<b>Name of Supervisees:</b> 1. 2. 3. 4. 5. 6.
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**Period of this Agreement:**

<b>Start Date:</b>	<b>End Date:</b>	<b>Review Date:</b>
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### Objectives:

**Supervisee:**

**Restorative**

- Discuss clinical scenarios that I have faced, in a manner that is supportive and constructive.
- Reflect on my responses to the challenges and issues I face in clinical practice.
- Reflect on my responses to the challenges and issues I face in receiving clinical supervision.
- Identify transference and counter-transference and prevent it from impairing my ability to work safely.

**Formative**

- Improve skills and knowledge in:
  - Delivering clinical services.
  - The practice of providing education.
  - The art and craft of clinical supervision.

**Normative**

- Stay orientated to best-practice by adhering to regulatory and national legislation
- Ensure that my clinical practice & clinical supervision role are each performed within the boundaries of best practice as determined by the Health Service Executive (HSE) and the Nursing & Midwifery Board of Ireland (NMBI).

**Supervisor:**

- To assist the supervisees meet their objectives.

### Expected Outcomes:

**Supervisee:** Over the course of this agreement these outcomes will be met:

**Restorative**

- Discussed clinical scenarios that I have faced, in a manner that is supportive and constructive.
- Reflected on my responses to the challenges and issues I face in instances of my clinical practice.
- Explore transference and counter-transference and the impact it has on my ability to work safely.

**Formative**

- Provided safe quality clinical practice for the patient/service users.
- Recognised occasions when my clinical practice has not met professional standards, and addressed the underlying cause(s) to ensure continuous improvement in clinical care.
- Received quality clinical supervision.

**Normative**

- That my clinical practice & clinical supervision role has been performed within the boundaries of best practice as determined by the HSE and NMBI.

**Supervisor:**

- By reflecting on the goals that we have agreed upon, the individual(s) will have improved and consolidated his/her competency, capability and capacity in his/her nursing/midwifery role, as well as making the transition with greater confidence into his/her role in clinical supervision. We will measure the progress through our regular reviews within peer group clinical supervision.

**Ways of Working:****Supervisee will:**

- demonstrate the value placed on clinical supervision by setting time aside for clinical supervision from other appointments and interruptions
- provide honest communication and feedback within peer group clinical supervision sessions in a respectful and professional manner
- listen to and respect each other's opinion, be willing to learn, be willing to challenge and be challenged, and to provide and receive support
- make effective use of time, all sessions begin and finish punctually.

**Supervisor will:**

- set aside sufficient time before meeting with supervisees to ready myself for quality reflection with the group by disengaging from other commitments
- provide honest communication and feedback within peer group clinical supervision sessions in a respectful and professional manner
- make effective use of time, all sessions begin and finish punctually.

**Specific obligations/ways of working for the group:**


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**Structure:**

**Frequency:** Peer group clinical supervision will be provided every \_\_\_\_\_ weeks

**Duration:** Peer group clinical supervision will last approximately \_\_\_\_\_ minutes

**Location:** Peer group clinical supervision will be held \_\_\_\_\_

**Resources:** Time & venue (to ensure absence of interruptions)

**Cancellations:** Cancellations will be made at least 24 hours before anticipated peer group clinical supervision where possible)

**Agenda:** Supervisees to set an agenda and email to the supervisor a day or two previously. The supervisor may add to/amend the agenda as necessary.

### Evaluation:

#### What is the agreed process for evaluation of clinical supervision?

- Wrap-up discussion at the end of session to include a mutual check between the supervisor and supervisees on whether the goals of supervision are being adequately addressed
- If the supervision relationship itself is causing problems, the supervisor and/or supervisees will ensure that this matter is included on the agenda for the next session.

#### Formal mutual evaluation of peer group clinical supervision will be conducted every 3 months using this peer group clinical supervision agreement:

- Are the objectives/outcomes being met?
- Should the agreement/objectives be modified?

### Review of the Supervision Agreement

- The agreement should be reviewed if the objectives, expected outcomes, obligations/ways of working, or structure of peer group clinical supervision changes
- Review a month prior to the end-date of this agreement to allow time for extension or conclusion of the agreement & the supervisory relationship.

### Documentation/Records

#### What form will supervision records take?

- Peer group clinical supervision Agreement
- Peer group clinical supervision Recording Sheet including record of attendance.

#### How will these supervision records be used?

- assist the supervisees & supervisor to reflect on their work
- As a record of peer group clinical supervision sessions.

#### Who will have access to them?

- Supervisor
- Supervisees

### Ethical Issues

#### How will difficulties in peer group clinical supervision be dealt with?

- Difficulties in peer group clinical supervision initially to be discussed between supervisor and supervisees either at the time an issue arises or at the commencement of the next meeting.

### Confidentiality

Confidentiality and trust underpin all peer group clinical supervision sessions. Professional and clinical issues disclosed are confidential and must not be discussed outside the supervision sessions. The exception to this will be outlined in Decision Support Framework when Safety Risk is Identified, where a supervisee discloses information which is deemed to compromise the safety of a patient/service user, colleague or the supervisee themselves. This is in accordance with NMBI Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2021) - Principle 5, Standard 4.

<b>Content</b>	
<p>The content of peer group clinical supervision will be negotiated in confidence by the supervisees and supervisor. It will include a list of the knowledge and skills that the supervisees would like to develop, and will be regularly reviewed and renegotiated.</p>	
<b>Signatures &amp; Date</b>	
<p><b>Supervisees:</b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol> <p><b>Date:</b></p>	<p><b>Supervisor:</b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol> <p><b>Date:</b></p>

## Appendix 3: Peer Group Clinical Supervision Recording Sheet

**Peer Group:**

**Location:**

**Agenda**

Follow on items from last supervision session (if any):

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Summary of discussion at supervision session (main topic points only):

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Discussion Points for Next Session:

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### Next Supervision Meeting:

**Supervisor:**

**Date:**

**Supervisees':**

Signed:

Date:

Signed:

Date:

Signed:

Date:

Signed:

Date:

Signed:

Date:

Signed:

Date:

## Appendix 4: Peer Group Clinical Supervisors Frequently Asked Questions

### Peer Group Clinical Supervisors Frequently Asked Questions

1. **How long do I need to continue receiving external clinical supervision?**
  - o If you are delivering peer group clinical supervision, you need to be in receipt of external clinical supervision
  - o This can be provided by an external clinical supervisor, or an internal experienced clinical supervisor. You must have a minimum of one years' experience of delivering peer group clinical supervision to a group before you can express an interest in becoming an internal experienced clinical supervisor
  - o Please advise the project leads, HSE West Mid West if you are interested in becoming an internal experienced clinical supervisor:
    - Annette Connolly Mid West (Clare, Limerick, North Tipperary) [annette.connolly@hse.ie](mailto:annette.connolly@hse.ie)
    - Annette Cuddy West (Mayo, Roscommon, Galway) [annette.cuddy@hse.ie](mailto:annette.cuddy@hse.ie)
  
2. **If I am promoted what group do I support with peer group clinical supervision?**
  - o It is preferable that as this is peer to peer clinical supervision, you will provide peer group clinical supervision for the grade you are employed in, therefore if you are promoted from CN/MM to A/DoN/M you will provide peer group clinical supervision to an A/DoN/M group.
  - o However, if clinical supervision is required by other nursing/midwifery grades, and you have supervised a group of peers for up to 12 months, you can facilitate clinical supervision with a group of another grade. In this event, you **must not** have a managerial/supervisory relationship with any of the group members.
  
3. **Who takes over my group if my role changes?**
  - o For succession planning, prospective candidates of all nursing and midwifery grades should be supported to undertake a recognised education clinical supervision programme to develop the skills and competencies required to deliver peer group clinical supervision.
  
4. **How will I keep updated regarding peer group clinical supervision?**
  - o Continuing Professional Development workshops will be offered annually to peer group clinical supervisors.
  - o The Guidance Document on Peer Group Clinical Supervision and associated toolkits will be updated every three years.
  
5. **Can I provide my peer group clinical supervision remotely or by teleconference?**
  - o Section 3.2 of the Guidance Document on Peer Group Clinical Supervision states: *Peer Group Clinical Supervision is best supported through face-to-face contact. If a face-to-face meeting is not possible, the peer group clinical supervisor may use video or audio platforms as an alternative. The principles of best practice in peer group clinical supervision must be maintained as per this guidance document regardless of which platform is chosen. Platforms must be licensed for use by the employing organisation and be secure, private and safe. The clinical supervisor organising the meeting must check the internet access is secure, and that any security features are in use.*

## Appendix 4: Peer Group Clinical Supervisors Frequently Asked Questions

### 6. What supports will be available for peer group clinical supervision?

- o Two project officers will be supporting the initiative in HSE West Mid West
  - Annette Connolly Mid West (Clare, Limerick, North Tipperary) [annette.connolly@hse.ie](mailto:annette.connolly@hse.ie)
  - Annette Cuddy West (Mayo, Roscommon, Galway) [annette.cuddy@hse.ie](mailto:annette.cuddy@hse.ie)
- o Information sessions can be provided on site on request.











## **GUIDANCE DOCUMENT ON PEER GROUP CLINICAL SUPERVISION**

Nursing and Midwifery Planning and Development Unit  
Health Service Executive West Mid West  
2023

