**cANP/RANP *xxx***

**Clinical Supervision**

**Service Level Agreement**

***xxx* Hospital / Hospital Group**

***xxx* Service/CHO Area**

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# Section 1: Introduction

**Clinical Supervision for candidate Advanced Nurse Practitioners (cANP’s) and Registered Advanced Nurse Practitioners (RANP’s)**

Clinical Supervision is an integral part of the cANP/RANP role. It is regular, protected time to facilitate, in-depth reflection of clinical practice and acts as a vehicle for developing and sustaining quality clinical care and enhancing professional development. It promotes shared learning and may provide an exchange of different approaches to a clinical situation which may then be used to inform and change future practice or identify areas for audit or research.

**Lead Clinical Supervisor:** An identified lead Clinical Supervisor Consultant/GP and RANP (if established within the service), responsible for the supervision of the cANP/RANP in developing and establishing his/her collaboratively agreed caseload. Where there are a number of aspects to a caseload, the responsibility for Clinical Supervision may be shared by one or more supervisors and appropriate governance arrangements are put in place. For example, integrated care involving a hospital based Consultant/GP and RANP.

The cANP/RANP will establish clinical supervision structures and undertake clinical supervision in the following ways:

**Formal Clinical Supervision**

The cANP/RANP will meet with their identified Clinical Supervisor Consultant/GP and RANP for a minimum of one hour per month to discuss clinical care in a structured manner, in a safe, supportive and confidential environment. This arrangement enables a reflective critical analysis of care to ensure excellence in practice and quality patient services.

It provides an opportunity to:

1. Discuss clinical incidents on which reflective scripts are based
2. Discuss the patient in a safe and supportive way
3. Promote professional accountability
4. Identify scope for skill and knowledge development
5. Identify aspects of clinical practice that could form basis for audit, research, guideline formation and policy development

**Informal Clinical Supervision**

Informally on a daily basis decisions made by the cANP/RANP in the management of his/her caseload is open for input and discussion by the relevant Consultant/Registrar/GP/RANP.

The rationale for his/her decision can be reviewed by the Consultant/GP/RANP and a learning event occurs. These episodes are recorded as part of his/her reflective journal. The purpose of the reflective journal is to provide evidence of the integration of theory into the clinical experience

* Case Discussions: The cANP/RANP will document discussions with the Consultant/GP/RANP relating to specific clinical cases and their follow-up. The learning from these events will be identified and documented as part of a reflective practice. These may include discussion via telephone.
* The cANP/RANP will attend CPD days, teaching sessions as well as engaging in case discussions, audit of practice and self-study relevant to his/her caseload. Learning from these will be captured as part of a reflective diary and can be brought to discussions at formal clinical supervision sessions.
* A Consultant /GP/RANP/ Registrar will be available to the cANP/RANP to provide unscheduled clinical supervision in the form of consultation and advice on case load management.

The cANP/RANP will maintain a record of Clinical Supervision sessions, agreed activities, actions and learning outcomes.

**Reflection**

The primary cognitive process of clinical supervision is reflection. It gives meaning to our experiences and it can inform and influence our future behaviour (Brunero & Stein-Parbury, 2008). Reflection is fundamental to the development of clinical decision-making skills appropriate for expert practice. Evidence based decision making involves combining the knowledge gained from clinical practice, from patient preferences and research evidence in order to make an expert judgement (Thompson et al 2004).

* The cANP/RANP will use reflection to ensure that care remains patient centred and based in the patient experience.
* He/she will use reflective writing in the form of a reflective journal to facilitate the process. A reflective journal records events and reactions to them, it also helps to provide a different perspective or clarity to any initial thoughts. Reflective writing requires the cANP/RANP to go deeper and to analyse the rationale and consequences of his/her actions and to learn from the experience.
* The cANP/RANP will also maintain his/her portfolio which offers considerable opportunity for reflection and on-going development. It facilitates self-assessment by the cANP/RANP in relation to their domains of competence thus promoting safe and effective practices in nursing. From these reflective episodes the quantum of learning will be identified and recorded by the cANP/RANP for review at the next clinical supervision meeting. Wainwright et al (2010) found that progression from novice to expert can be facilitated by self-reflection with an expert mentor.

# 1.1 Parties to the Agreement

This service level agreement (SLA) is between the [Insert Speciality] cANP/RANP and the xxx Consultants/GP/RANP working within xxx Hospital Group/xxx Hospital **or** CHO area/ xxx Service/Hospital.

# 1.2 The Scope of the Agreement

This agreement documents the following:

1. The Department of [Insert Speciality] commitment to provide on-going support, formal, informal supervision and shared learning with the [Insert Speciality] cANP/RANP. This supervision will enable the [Insert Speciality] cANP/RANP to attend case conferences, ward rounds, multidisciplinary meetings, clinics, conferences, teaching sessions and department meetings e.g. clinical audit, procurement, quality and safety, risk management and/or other relevant meetings as required.
2. The [Insert Speciality] cANP/RANP will participate in formal and informal supervision with the xxx team.

The purpose of the SLA is as follows:

* To ensure that relevant commitments are in place for both parties to support on-going clinical supervision and shared learning.
* To ensure maximum provision is made to support the maintenance/development of [Insert Speciality] cANP/RANP or competence.

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# 1.3 Agreement Commencement Date

The signature and date in Section 4 indicates the concurrency of this document.

This current version (1.0) covers the two/ xxx year period from [insert date] to [insert date]. This SLA takes into account the requirement for the [Insert Speciality] cANP/RANP to undertake clinical supervision in order to meet the requirements and standards set by the Nursing and Midwifery Board of Ireland (NMBI) for registration as an RANP and on-going Clinical Supervision arrangements thereafter. This SLA is signed by the cANP/ RANP.

# Section 2 - Service Description

# 2.1 Consultant /GP/ RANP/ Clinical Supervisors.

In keeping with a clinical reporting relationship, the Consultant/GP and RANP [Insert Speciality], at xxx Hospital / CHO area, is responsible for supporting the cANP/RANP formal and informal supervision and shared learning.

In relation to this service level agreement, the [Insert Speciality] Department will:

1. Participate in a formal and informal supervision programme with the cANP/RANP.
2. Provide, maintain and develop the network infrastructure to support the cANP/RANP clinical competence development and maintenance.
3. Make provision for the cANP/RANP attendance and role participation at case conferences, ward rounds, grand rounds.

# 2.2 The cANP/RANP

The [Insert Speciality] cANP/RANP will:

1. Avail of all opportunities to access formal and informal supervision in order to maintain and develop clinical skills, competence and knowledge.
2. Ensure responsibility for material preparation, case studies, audits etc to maximise clinical supervision effect.
3. Take responsibility for documentation of clinical supervision and actions to be taken.
4. Adhere to Code of Professional Conduct and Ethics for Professional Nurses and Midwives (NMBI 2014), other relevant regulations and best practice guidelines.

# Section 3 - Communication and Operations

# 3.1 Review Details

A review of the service level agreement should take place on an annual basis to review formal and informal clinical supervision/shared learning benefits, clinical competence, quality and safety issues. This annual review will coincide with the cANP/RANP) and the Department of [Insert Speciality] supervision meetings.

# 3.2 Reports

A log of case studies, audits/research reviewed and items of interest will be maintained by the [Insert Speciality] cANP/RANP and will form the basis of the review.

# 3.3 Contact Details

**cANP/RANP Contact Details:**

[Insert Candidate’s Details Here]

# 3.4 Procedure to make changes to the SLA

SLA change requests should be made through the [Insert Speciality] cANP/RANP Stakeholder Group.

# Section 4 - Signatories

The Parties to this service level agreement agree to the contents set out herein.

**Name**

Director of Nursing

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**

Consultant/GP/RANP [Insert Speciality]

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**

Consultant/GP/RANP [Insert Speciality]

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**

cANP/RANP [Insert Speciality] xxx Hospital / CHO

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 5 - References

[Brunero, Scott](http://search.informit.com.au/search;search=author%3D%22Brunero,%20Scott%22;action=doSearch); [Stein-Parbury, Jane](http://search.informit.com.au/search;search=author%3D%22Stein-Parbury,%20Jane%22;action=doSearch) (2008), Effectiveness of Clinical Supervision in Nursing: An Evidenced Based Literature Review: [Australian Journal of Advanced Nursing,](http://search.informit.com.au/browseJournalTitle;res=IELAPA;issn=0813-0531)   [25:(3); 86-94](http://search.informit.com.au/browsePublication;py=2008;vol=25;res=IELAPA;issn=0813-0531;iss=3)

Thompson C, Cullum N, Mc Caughan D*, et al* (2004) Nurses, information use, and clinical decision making—the real world potential for evidence-based decisions in nursing: *Evidence-Based Nursing*2004;**7:**68-72

Wainwright, S.F., Shepard, K.F., Harman, L.B and Stephens, J. (2010) Novice and experienced physical therapist clinicians: a comparison of how reflection is used to inform the clinical decision-making process. Physical Therapy. 90(1): 75-88.

For further information and guidance refer to:

*Clinical Supervision Framework for Nurses working in Mental Health Services* (Office of the Nursing and Midwifery Service Director 2015)

<http://www.hse.ie/eng/about/Who/ONMSD/NMPDU/NMPDDN/Clinical_Supervision_Framework.pdf>