

Clinical Supervision Policy

8.0 CLINICAL SUPERVISION POLICY

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Purpose

Clinical supervision is a collaborative process that helps the employee develop skills to move toward their vision of quality clinical work within the framework, standards and scope of practice of the profession.

Procedure

- a) *Designated* employees with approval of their manager, will be required to choose an appropriate qualified clinical supervisor to provide ongoing clinical supervision. All clinical supervisors, if relevant, must be registered with their professional college and be willing to provide their resume or credentials to the appropriate Director to be placed in the employee's supervision file.

- b) All employees will receive one (1) hour per month for clinical supervision pro rated to their FTE. The clinical supervisor will invoice CTCHC directly and be paid by CTCHC. This clinical supervision is considered work time and is separate from any other staff development benefits the counsellor may be eligible for.

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c) All clinical supervisors will be asked to sign a contract which requires them to complete an annual survey/questionnaire developed by CTCHC to be reviewed by the employee's supervisor and may be included in the employee's performance appraisal

Issues

- Lack of clarity in terms of who (which positions and why) receives the supervision
- Some staff receive supervision and others do not—equity
- The type of supervision provided—who decides?
- The roles and responsibilities of the external clinical supervisor
- There is no funding for this type of external supervision—current funding

- The is no funding for this type of external supervision—current funding is taken from purchase service line that includes and has been historically \$6,000 per year.

What we need to think through?

- 1. In terms of best practices, what do we envision this policy/procedure achieving for the organization/clients?**
- 2. What are our current concerns on how both the policy and staff who are or are not accessing this resource?**
- 3. Should clinical supervision be mandatory?**
- 4. The organization wants to ensure a reporting relationship with the external consultant exists, how do we balance confidentiality in the process?**

5. Financial Constraints—currently only 12 staff(2007/2008) access clinical supervision . It costs 6,000 per year. Potentially over 35.5 FTE and fifty staff work directly with clients in challenging situations and/or carry a client load.---how will we manage this increase, there is no budget unless we give something up
6. Are there ways to achieve our goals by utilizing our resources differently?—for example there are many different models of clinical supervision and many resources on best practices—some organizations develop in house peer clinical supervision training and programs—(Mental Health Nursing Association), or another example is the organization develops a clinical supervision model that brings in specific supervisors with different skill sets, expertise, and knowledge to work with teams or on identified areas with individuals