

Professional Supervision Practice Health Check

For APDs providing professional supervision services as private practitioners

This practice 'health check' is designed for APDs providing professional supervision in a private practice context. It is assumed that those APDs providing supervision within an institution or agency will have workplace guidelines they are following in terms of best practice for the provision of clinical supervision.

The goal of the health check is to assist practitioners who have elected to have their name on the supervisors list to provide a service that is effective, ethical and safe for themselves and their supervisee

This health check is written to assist practitioners reflect on their current supervision service and reaffirm the quality of their practice and where necessary identify areas for improvement. There are six questions to open reflection on practice and further notes to expand on issues for consideration if relevant to the practitioner.

1. Have you established the supervision relationship with a contract?

Issues to consider: A contract is a very useful document to outline and define responsibilities of both the supervisor and supervisee in supervision. The contract can provide structure to managing session times and availability. Does your supervisee have an emergency contact plan if there is a critical incident and you are not available? How will cancellations be managed? Are you aware of what particular areas of practice your supervisee wishes to focus on in supervision? What are the terms of your confidentiality arrangement with your supervisee? How and when will the supervision relationship be reviewed?

2. Do you meet with your supervisee/mentee at designated times in a confidential space?

Issues to Consider: The professionalism and effectiveness of a supervisory relationship begins with the meeting context. A confidential, professional space is essential. Meeting in a café or similar public space may set the tone of a social context, cannot safe guard confidentiality and is likely to limit exploration of critical issues. Meeting causally in your home (not designated home office) may likewise impact the confidential and serious minded nature of the supervisory process. If you meet by skype or phone the environment of the call likewise needs to be suitable for the task.

3. Do you charge for your time?

Issues to Consider: Delivered ethically and to a high standard, supervision is a professional service. The decision to not charge for this professional service is one that needs to be very carefully considered.

If you offer this professional service on a pro-bono basis is this stated clearly in your contract with the supervisee? What are the reasons for the pro-bono arrangement? Does the contract define the maximum numbers of pro-bono sessions to be provided and/or a date at which the pro-bono arrangement expires or is to be revised? If you do not charge for your time, consider what message

this sends to your supervisee regarding valuing their own services and overall growth of professionalism in private practice Dietetics.

It is expected that Mentoring within the Provisional APD Program be offered for the 12-month contract of this service as pro-bono 'service to profession'.

4. *If you have a dual relationship with your supervisee how do you manage potential conflicts of interest?*

Issues to Consider: Dual relationships are sometimes unavoidable. However, they can impact the professional supervision relationship in subtle ways that may impact the quality of engagement and depth of work. If you have a supervisee with whom you have a dual relationship how is this debriefed in the work? Is this noted in the contract? Is *your* supervisor aware of the dual relationship?

5. *If you provide Professional Supervision have you considered your capacity to work with the broader aspects of your supervisees work including the influence of psychosocial issues of the supervisee?*

Issues to Consider: There are significant differences between professional supervision and mentoring. See 'Understanding Supervision for APDs' document. It is highly recommended that if an APD is offering clinical supervision they have a number of years (8+) of **supervised** practice themselves and have supervision training and/or advanced skills in counselling.

If you do not have confidence to provide the above it is strongly recommended you offer your services as mentor only and develop your supervision skill base through training and supervision of your practice.

6. *If you provide supervision do you have regular supervision of your own clinical practice? Do you receive mentoring or supervision of your supervision practice?*

Issues to Consider: It is recommended to consider how you model to your supervisees a commitment to progressive, reflective practice and ongoing learning. If a supervisee presented with a clinical dilemma that was serious in nature where would you go to debrief *your* work with the supervisee? If you were concerned about the practice or wellbeing of a supervisee are you supported yourself in managing any matters of this nature? How would you proceed if you became aware that your supervisee was practising dangerously or unethically?

If you do not engage in regular clinical supervision of your own practice (this may include regular peer review for senior practitioners) it is strongly recommended that you commence a suitable arrangement. It is not appropriate to remain on the supervisor list unless you engage in regular supervision yourself of both your clinical practice and supervisory practice.

Reference:

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