

Child and Family Health Nursing

Professional Practice Framework 2011–2016



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SHPN (NM) 100529

ISBN 978 1 74187 624 6

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July 2011

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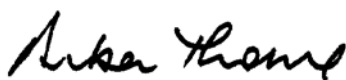
Foreword



The Child and Family Health Nursing Professional Practice Framework has been developed in response to a need to support child and family health nurses. This Framework has been developed within the context of practice in Australia and recognises the role that child and family health nurses play in the provision of care to children and their families. It provides a useful resource to support child and family health nurses in reflecting on their practice and in their ongoing professional development.

This Framework represents the work of a considerable number of people over an extended period of time. I would like to acknowledge the significant contribution of these people and thank them for their commitment to the profession and to the children and families of NSW.

I commend the Framework to child and family health nurses and their organisations and trust that it will enable continued growth in practice into the future.



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Introduction

Child and family health nurses have a key role in providing community child and family health services as well as other specialty services, day stay services, residential and outreach programs. Child and family health nurses have been uniquely placed to provide early contact with families.

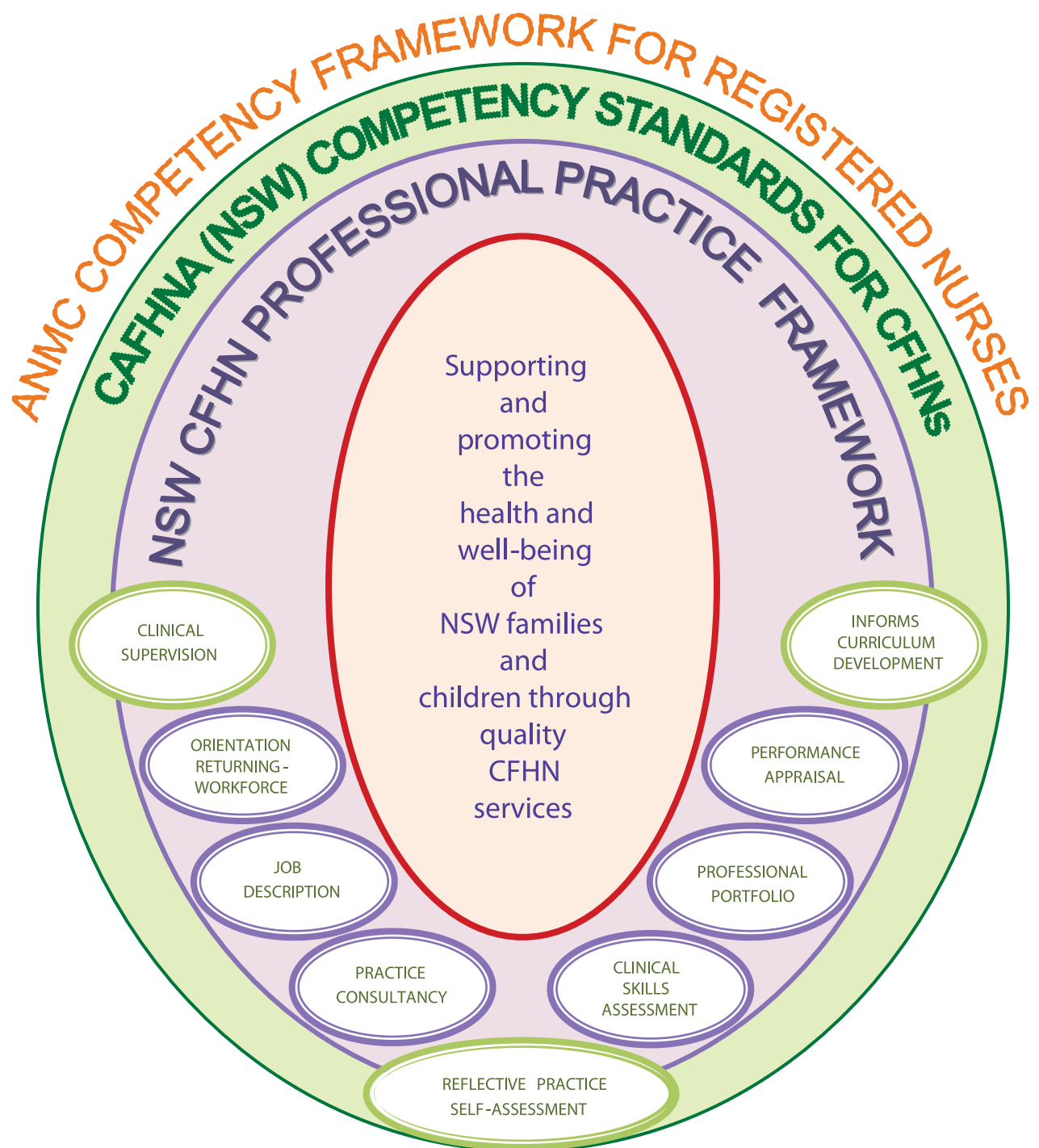
The introduction of the Families First Strategy in 1999 highlighted the role of the child and family health nurse in early intervention initiatives and promoting links with other services in a whole of government approach to supporting families (NSW Health, 2008a). Universal health home visiting to families with new infants by child and family health nurses will ideally occur in the first two weeks of life. The Family Partnership Model has been implemented as a Families First State-wide Education Project (Davis, Day, & Bidmead, 2002) and aims to enhance the child and family health nurse's understanding of the helping process. It also provides opportunities to practise the skills of engaging and developing supportive and effective relationships with families.

The knowledge and expertise required for child and family health nursing practice has significantly increased and continues to evolve as a consequence of research, evidence and subsequent changes to policy and practice. The Child and Family Health Nursing Professional Practice Framework (referred to throughout this document as the 'Framework') has been developed in response to the need to support the capacity of the child and family health nursing workforce. The Framework represents the practice and knowledge required in this specialist area of nursing. It demonstrates the collaborative nature of the relationship between the nurse and the families with whom they work. This collaborative approach is also an important factor in the implementation of the framework whereby the success of the framework relies on working collaboratively with child and family health nurses in supporting professional development and/or updating of skills.

This Framework has been developed within the context of current regulatory and legislative environments that govern healthcare in Australia. It recognises the Australian Nursing and Midwifery Council (ANMC) (2006) National Competency Standards for Registered nurses.

The following figure (1) illustrates the key elements of child and family health nurses' professional development processes and how these elements relate to the recommendations of the Australian Nursing and Midwifery Council (ANMC) Competency Framework, and the Child and Family Health Nurses Association (2009) Competency Standards for child and family health nurses. As shown below (Figure 1) the ANMC Competency Framework provides overarching guidance, and was used as a basis to inform the development of the CAFHNA Competency Standards (2009). The CAFHNA Competency Standards (2009) were a key resource in the development of the NSW Child and Family Health Nursing Professional Practice Framework and may be used to support reflective practice self-assessment, clinical supervision and the development of curriculum for child and family health post-graduate education programs.

Figure 1: Child and Family Health Nursing Professional Practice Framework



Background

In February 2005, the NSW Health Primary Health and Community Partnerships Branch convened the NSW Health Child and Family Health Nursing Practice Standards Working Group. NSW Health Nursing and Midwifery Office (NaMO) policy and project officers were invited to lead the initiative. The Working Group comprised of expert clinicians; nurse managers from metropolitan and rural Health Services, representation from the Child and Family Health Nurses Association, NSW Child and Family Health Nurses Clinical Nurse Consultant (CNC) Network, Karitane, Tresillian Family

Care Centres and the higher education sector (see Appendix A). The work in this document is based on original material developed by the Hunter New England Area Health Service Child and Family Health Nursing Clinical Practice Development Working Group and the contribution of this group is acknowledged. The Framework has also been informed by the findings of the pilot project trialling the implementation of the practice standards in child and family health nursing (Guest, 2006).



Aim of the Framework

The aim of the framework is to support child and family health nurses to provide safe and effective primary health care for children and families in NSW. The framework supports practitioners in their professional development through appropriate education, training and practice support.



Scope of Practice in Child and Family Nursing Practice

Child and family health nurses (CFHNs) are registered nurses with further qualifications in the speciality of child and family health nursing. CFHNs are recognised as practicing at an extended level of nursing, working within a primary health care model with families with infants and young children. Child and family health nursing occurs in a variety of settings. Services are provided in the home, community health facilities, specialist day stay and residential family care centres and via communication technologies. The CFHN may work as part of a specialist nursing outreach team, within multidisciplinary teams, or as individual case managers. The nature of the care is dependent on the response required to the complexity of the family's needs and is ongoing, rather than episodic.

Working in partnership with parents¹ is the foundation of practice. Whenever possible the partnership begins in the antenatal period and continues throughout the early years of childhood. The CFHN uses a strength-based and wellness focus to promote the health and well-being of children and families, identifies variations in health and development, and intervenes when appropriate. The CFHN achieves this through:

- a population health approach, which focuses on outcomes, influencing the determinants of health and strategies that have a wide population coverage
- providing a family-centred consultancy practice participating in direct family care, clinical support and advice to families, relatives, and other community professionals
- enabling families to develop their protective factors and build resilience, promoting parenting confidence, self-efficacy and social connectedness
- promoting the health of children and families through the use of a partnership and anticipatory guidance approach

- commencing in the antenatal period, supporting the development of responsive and sensitive parenting to facilitate the parent-child relationship
- identifying and responding to the unique social, emotional, physical, spiritual and cultural needs of families
- building on the strengths of families, identifying how they have previously overcome challenges with the aim of adapting these skills to new challenges
- identifying and responding to actual and potential health issues, deviations from the norm and/or improvements in the health status of the family
- using developmentally-appropriate strategies, based on the best available evidence, to address the needs of families identified through comprehensive assessment
- using an early intervention approach to identify and address the needs of vulnerable families, facilitating equity and access through universal and targeted services; and
- incorporating community capacity building within their practice to sustain and improve health outcomes for families.

¹ In the context of this document, the term 'parent' refers to parent or carer of an individual.

Core Knowledge and Skills

5.1 Specialist Nursing Knowledge and Skills in the Care of Children, Parents and Families

CFHNs are well placed to identify and consider the health needs and well-being of children and families and apply nursing knowledge and skills in their care. In all families, individual members will have a diverse range of health needs, which may require the CFHN to actively plan and provide care or make appropriate referrals. The CFHN's role extends to provide follow up parenting support in collaboration with specialist secondary and tertiary health service providers.

CFHNs require additional knowledge and skills, including:

- Child development
- Family functioning
- Infant mental health
- Perinatal mental health
- Health promotion.

This enables the nurse to provide prevention and early intervention strategies to address the identified needs.

5.2 Primary Health Care Approach

"Primary health care is the provision of essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family, and the community with the national health system, brings health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process" (World Health Organisation, 1978).

An understanding of Primary Health Care is fundamental to child and family health nursing in order to promote the self efficacy and self determination of families. Knowledge and skills in health promotion, health education and community development are central to nursing practice in child and family health.

These attributes are well illustrated in the following and support the continuing child and family health nursing role:

"Primary health care seeks to extend the first level of the health system from sick care to the development of health. It seeks to protect and promote the health of defined communities and to address individual and population health problems at an early stage. Primary health care services involve continuity of care, health promotion and education, integration of prevention with sick care, a concern for population as well as individual health, community involvement and the use of appropriate technology" (Fry & Furler, 2000).

5.3 Health Promotion

.... is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. Health promotion seeks to reach individuals, families and communities in places where daily decisions are made and/or where harmful behaviours are manifested with the hope of providing information, skills and services as well as creating an environment conducive for making informed choices. It contributes significantly to the reduction of inequities in health, to ensure human rights, and to build social capital. It ... acts on the determinants of health to create the greatest health gain for people (World Health Organisation, 2009).

Health promotion activities achieve positive outcomes for families by working with the community to improve health and well-being. To achieve these outcomes, CFHNs need to understand the broad determinants of health and well-being and use multiple approaches when promoting the health and well-being of families. These approaches include:

- early intervention and prevention — preventative health measures include primary health screening and surveillance, and the identification of disorders and disability
- the identification of opportunities to promote and support healthy lifestyle choices
- understanding and application of the determinants of health, which incorporate all societal influences on the health of individuals and populations, embedded into clinical practice.

5.4 Cultural Sensitivity

A CFHN's practice is complex and varied, often working with families from diverse cultural and linguistic backgrounds. These backgrounds include a range of religions, cultural beliefs and values, social structures and traditions, history and political backgrounds. Working in partnerships with these families, the CFHN views the family as unique individuals and is therefore sensitive to others' preferences and values (Cengage, 2002).

5.5 Working in Partnership with Families

The partnership approach involves health professionals and family members working together in pursuit of a common goal. It is based on shared decision making, shared responsibility, mutual trust and mutual respect. Working in partnership with parents requires a major paradigm shift from the traditional role of caring 'for' to working 'with'. The family partnership approach respects parents as advocates, and recognises them as the most significant influence in their children's lives. The CFHN respects the client's ability to understand, learn and manage situations (Davis, et al., 2002).

Rather than the expertise lying only with the professional, there is emphasis on the expertise of the parent and the belief that, with support, the parent and the infant will discover their own way rather than learning to adopt some 'right way' defined by the professional. Working in a strengths-based or partnership approach does not deny the expertise of the professional; rather it identifies and engages with the complementary expertise of the parent (Gottlieb, Feeley, & Dalton, 2005).

5.6 Continuity of Care

...is a comprehensive and integrated health response for families ...encompassing all stages of pregnancy and early childhood development and linking hospital, community and specialist health services. The aim is to assist families in the transition to parenthood, build on their strengths and ameliorate any identified risks that can contribute to the development of problems in infants and later on in life (NSW Health, 2009, p. 4).

The CFHN works with other professionals across disciplines and agency borders, often in multidisciplinary and interdisciplinary teams to work more effectively in the interest of the child and family. In order to achieve continuity of care it is essential that CFHNs have the knowledge and skills to work collaboratively with others involved in the current or future care of the family. The skills and knowledge to achieve this involves effective communication, sharing of relevant information and supporting effective transition between services.

5.7 Perinatal Mental Health and Family Functioning

CFHNs have an important role in promoting perinatal mental health for parents and their children. The CFHN provides a comprehensive primary health care assessment. This includes psychosocial assessment identifying strengths, risks, vulnerabilities and the early identification of emotional distress. The CFHN provides ongoing support and/or referral to appropriate services through developing an ongoing relationship with parents. (NSW Health 2010).

5.8 Child-Parent Relationship

Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development- intellectual, emotional, physical, and behavioural. (Shonkoff as cited in NSW Health, 2010, p. 90)

Attachment theory highlights the importance of the relationship between the primary care-giver and infant in the first three years of life. Perry and Pollard (1997) identified that the early experiences of childhood act as 'primary architects' of the young brain's capabilities, which will impact throughout the rest of life. Consistent, nurturing,

predictable, structured and enriching experiences in a safe environment during early childhood have a positive impact on brain organisation and function, leading toward more empathetic, responsible, and fully functioning adults (Perry & Pollard, 1997). Parenting is an interactive process and the attachment relationship that develops is affected primarily by the parent's interactions with the infant, sensitivity to identifying a child's needs, and consistency in response to a child's behaviour. The CFHN provides support and guidance to carers strengthening their ability to positively support and strengthen the development of the child-parent relationship.

5.9 Ensuring the Safety, Welfare and Well-Being of Children, Young People and their Carers

Child protection is a key issue for consideration when working with families that have complex needs (NSW Health, 2000, 2006). CFHNs are child-focussed, with the safety and well-being of the child being of paramount concern. CFHNs work collaboratively with multidisciplinary teams to enable a more effective approach, in the interest of ensuring the safety, welfare and well-being of children, young people and their carers.

This enables:

- early intervention at the first contact with health services as appropriate
- a coordinated, collaborative, efficient approach to care that ensures synchronized appointments, appropriate sharing of information maintaining privacy and confidentiality within appropriate limits and streamlining of interventions to avoid duplication or conflicting information; and
- identification of services and/or agencies involved currently and in the past.

See NSW Health's 'Keep Them Safe' website for further information:
<http://www.health.nsw.gov.au/initiatives/kts/index.asp>

5.10 Community Development and Partnerships

Understanding and knowledge about the local community enables the CFHN to develop networks and links that support the needs of the families within these communities. Community development involves enabling communities to identify issues of concern and facilitate their efforts to bring about change in these areas. The ultimate aim is for communities to be empowered with the skills needed to take control over and improve their situation (National Health and Medical Research Council, 2005). Community capacity building is about helping the community to develop sustainable skills, structures and resources to improve health outcomes (NSW Health, 2001).

The CFHN:

- promotes social connectedness and networks
- engages with families and communities and sustains reciprocal relationships
- facilitates close community involvement, through the development of partnerships with families, in designing and implementing health promotion programs
- builds on strengths — knows the community, evaluates what works; and
- shares responsibilities — creating partnerships and sustainability.

5.11 Workplace Safety and Risk Management

The delivery of quality health care is intrinsically linked to the ability to provide a safe working environment for staff and families. The CFHN requires knowledge and understanding of relevant policy directives, procedures and guidelines relevant to the working environment. Each nurse is accountable for the safety of their workplace and safe work practices within their area of control, influence and authority (NSW Health, 2005). The CFHN provides interventions, including health home visiting, which have particular safety and risk implications. Families may have a range of complex issues and it is the joint responsibility of both service managers and staff to follow safe work practices for working in and outside their facility.

Implementation of the NSW Child and Family Health Nursing Professional Practice Framework

The essence of the Framework is to draw upon the same strengths-based and partnership approach to professional and practice development as those used by the CFHN in working with families. To facilitate the Framework implementation the following strategies have been identified:

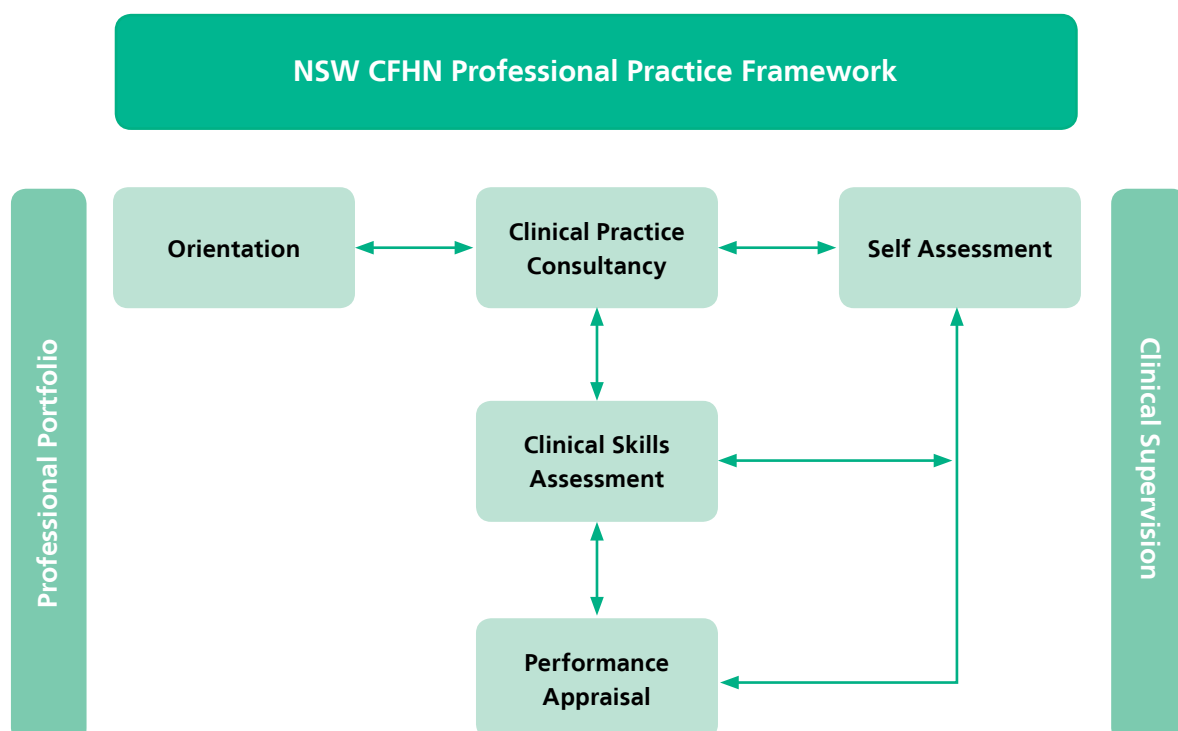
- Reflective practice
- Clinical practice consultancy
- Clinical skills assessment /learning packages
- Clinical supervision
- Professional portfolio.

The implementation guide to the practice development process (Figure 2) outlines a process that ensures continuous clinical practice development, builds capacity, and ensures competent, consistent practice standards to meet organisational, community and staff expectations of CHFNs.

6.1 Reflective Practice Self-Assessment

Self-assessment provides opportunities for CFHNs to use the resources and information contained in the Framework as tools when reflecting on their own practice and professional development needs. The list of core knowledge and skills, areas of practice and the clinical skills assessments and learning packages may be used in conjunction with the CAFHNA Competency Standards for child and family health nurses (2009) <http://www.cafhna.org.au> as part of a process of reflective self-assessment. This allows the child and family health nurse to formulate an individualised professional development plan. The process of self-reflection should also be supported and complemented by facilitated reflection activities, such as clinical practice consultancies, case reviews and regular clinical supervision.

Figure 2: Implementation guide to professional practice framework



6.2 Clinical Practice Consultancy

Clinical Practice Consultancies (CPCs) provide an opportunity for a clinical nurse consultant (CNC), clinical nurse specialist (CNS), clinical nurse educator (CNE) or child and family health nurse mentor to spend time with the nurse to support clinical practice, case management, case review and discuss local issues pertinent to the nurse's client community. During the course of a CPC, the nurse is encouraged to reflect on practice and to develop clinical practice goals. Appendix B of this document provides guidelines for CPCs, with further details of the purpose, format, organising a CPC, documentation, and other implementation details.

CPCs link to all other elements of the Framework by providing support for self-reflection and the formulation of a professional development plan. This includes the identification of the clinical skills assessments / learning packages most appropriate for the nurse to work towards in the coming year in order to meet individual professional and practice development goals. The nurse is able to negotiate with the child and family health CNC, CNS, CNE or child and family health nurse mentor and / or the service manager to receive appropriate support and access to resources in order to achieve their clinical practice goals. The outcome of the CPC can be recorded in the nurse's professional portfolio and can be linked to their annual performance appraisal.

6.3 Clinical Skills Assessments/ Suggested Learning Activities

Clinical Skills Assessments (CSAs) and suggested learning aims to support nurses in maintaining currency of practice and/or assist the nurse to reflect on their clinical practice enabling them to build on their own knowledge and skills. This framework outlines three areas of practice based on evidence and the core skills and knowledge expected of a CFHN.

Area of Practice 1	Infant/child health screening and surveillance as guided by the NSW Health personal health record
Area of Practice 2	Family assessment and surveillance for emotional health and well-being
Area of Practice 3	Promoting infant/child and family health and well-being

It should be noted that these areas of practice are interrelated. The CSAs may require the nurse to draw upon knowledge and skills in more than one of these areas of practice when being assessed for competency in clinical service provision as a CFHN.

Table 1 'Clinical Skills Assessments' illustrates the relationship between the areas of practice, the CSA and the key learning resources. It assists the nurse to identify which CSAs are essential (core) and other CSAs which may be undertaken according to the clinical practice context of the individual CFHN.

The following is a summary of the steps in clinical practice development and demonstration of competence for CFHN:

- Initial knowledge acquisition
- Core level competency (may be commenced and completed during initial CFHN education)
- Orientation to Health Service (core competency assessment may be completed or commenced)
- Clinical practice consultancy (to support clinical practice development)
- Clinical supervision (to promote clinical practice reflection)
- Ongoing clinical practice development (other competencies assessed as practice develops)

The CFHN workforce will be at different points on this continuum at any given time.

Prior to participating in any of the clinical skills assessments the CFHN will provide evidence of completion of the associated learning package or attendance at relevant education. A process for recognition of prior learning is also included in this Framework (refer to Appendix C).

Note: Clinical Skills Assessments are currently being developed by the NSW CNC Child and Family Health Network and can be accessed via the Clinical Nurse Consultant in your health service.

Table 1: Clinical Skills Assessments

Area of Practice 1		
Infant/child health surveillance and screening as guided by the NSW Health personal health record	Workplace assessment of knowledge, understanding and performance of infant/child health surveillance and screening <ul style="list-style-type: none"> ■ Growth and physical check ■ Vision surveillance and screening ■ Development screening tools: parents evaluation of developmental status (PEDS), ages and stages questionnaire (ASQ), ages and stages questionnaire: social emotional (ASQ:SE) ■ Early childhood oral health ■ Developmental dysplasia of the hip ■ Body mass index (BMI) ■ Promotion of immunisation 	Authorised nurse immunisation providers <ul style="list-style-type: none"> ■ Completion of an authorised nurse immunisation course ■ Annual immunisation education as per nsw health PD 2008_033 including annual CPR assessment
Area of Practice 2		
Family assessment and surveillance for emotional health and well-being	Workplace assessment of knowledge and understanding of psychosocial assessment. Risk prevention and early intervention <ul style="list-style-type: none"> ■ NSW Health supporting families early/ SAFE START online training ■ Routine screening for domestic violence ■ Suicide risk assessment and safety management ■ Identifying and responding to drug and alcohol issues ■ Identifying and responding to risk of harm of infant/child 	<ul style="list-style-type: none"> ■ Mandatory education — as per Health Service requirements ■ Supporting the healthy parent child relationship ■ Keys to Caregiving ■ NCAST ■ Parenting Education Programs eg Triple P, 1-2-3 Magic ■ Infant mental health
Area of Practice 3		
Infant/child and family care	Family partnership training <ul style="list-style-type: none"> ■ Completion of family partnership training Workplace assessment of promoting, protecting and supporting breastfeeding <ul style="list-style-type: none"> ■ Promoting, protecting and supporting breastfeeding 	<ul style="list-style-type: none"> ■ Promoting, protecting and supporting breastfeeding (CSA) ■ Promoting responsive settling and facilitating safe sleep (CSA) ■ Family partnership facilitators course ■ Clinical supervision facilitators course ■ Facilitation of groups: for facilitators of parenting groups (CSA)

Clinical Supervision

Clinical supervision is acknowledged as an important part of professional development. It is an important strategy to facilitate reflective practice and to make meaning of experiences in order to maintain and improve the quality and safety of child and family health nursing practice in an increasingly complex practice environment.

Policies for the provision of clinical supervision for CFHNs have been developed within some Health Services and organisations such as Tresillian Family Care Centres and Karitane. All CFHNs should have access to regular clinical supervision as per the NSW Health Supporting Families Early Package (NSW Health, 2008b, p. 31). CFHNs are encouraged to inquire about accessing local clinical supervision programs and/or processes.



Professional Portfolio

National registration requires that nurses maintain their currency of practice in their specialty by accessing research, attending education and participating in reflective practice relevant to their field. It is the responsibility of CFHNs to maintain contemporary evidenced-based practice, knowledge and skills.

The professional portfolio allows the nurse to collate documents and evidence of practice development as identified in this Framework (Figure 1). Nurses can record information and professional development activities as part of their commitment to lifelong learning. A professional portfolio can be used as evidence of this reflective practice, goal-setting and review at performance appraisal.

Documents in a professional portfolio may include:

- current Curriculum Vitae
- practising certificates and other evidence of authority to practice
- evidence of attendance at educational programs or conferences
- evidence of self-education
- evidence of reflective practice
- evidence of best practice such as case studies (de-identified)
- letters of commendation
- records of participation in clinical supervision
- evidence of presentation at conferences, seminars or provision of education programs
- academic writing eg journal articles, etc.

An example template and other resources for assembling a portfolio have been included in this framework document (see Appendix D).

Conclusion

Child and family health nurses play a key role in the provision of community child and family health services and provide early contact with families.

The Child and Family Health Nursing Professional Practice Framework, designed to support the ongoing development of the child and family health nursing workforce, demonstrates the collaborative nature of the relationship between the nurse and the families with whom they work. This collaborative approach is also an important factor in the implementation of the framework as clinicians work together in supporting professional development and updating of skills.



Glossary

Assessment: the process of collecting evidence and making judgements as to whether competency has been achieved. (Australian National Training Authority, 1998).

Anticipatory Guidance: the process of providing practical, developmentally appropriate health information about children to their parents in anticipation of significant physical, emotional and psychological milestones. (Nowak & Casamassimo, 1995).

Best Practice: practices that are based on best available research-based evidence. (Hartford Center of Geriatric Nursing Excellence, 2007).

Capacity Building: defined as being at least three activities: building infrastructure to deliver health promotion programs; building partnerships and organisational environments so that programs are sustained — and health gains are sustained; and building problem-solving capability. (NSW Health, 2001).

Child and Family Health Nurse: a registered nurse with postgraduate qualification in child and family health nursing practice.

Clinical Mentor: a registered nurse with child and family health nursing qualifications [currently practicing in child and family health nursing with a minimum of three years experience] within a professional relationship with a less experienced CFHN who provides guidance, advice, support, and feedback. (Haney, 1997).

Clinical skills assessments (CSA): assessment of total performance, including the skills, attributes and a working knowledge of policies relevant to practice.

Clinical Supervision: a voluntary, formal process for reflection on practice, with the aim of improved outcomes for the clients as well as support and professional development for the child and family health nurse. (Child and Family Health Nurses Association (NSW), 2003).

Competent: the person has competence across all the domains of competencies applicable to the nurse, at a standard that is judged to be appropriate for the level of nurse being assessed. (Australian Nursing and Midwifery Council, 2002).

Competency: 'the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in professional standards'. (Australian Nursing and Midwifery Council, 2006).

Competencies: specific knowledge, skills, judgment and personal attributes required for regulated health professionals to practise safely and ethically in a designated role and setting'. (Registered Nurses Association of Ontario, 2002).

Evidence-based practice: the systematic application of the best available evidence from research, clinical expertise, and patient values to the evaluation of options and decision-making in clinical management and policy settings. (Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000).

Family: Two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household. The basis of a family is formed by identifying the presence of a couple relationship, lone parent-child relationship or other blood relationship. Some households will, therefore, contain more than one family. (Australian Bureau of Statistics, 2010).

Health: 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. The nature of being healthy and well is dynamic and ever changing rather than a static entity. (World Health Organisation, 1974).

Infant mental health: Recognises '... that infancy is a foundational developmental period, physically, psychologically and socially, that infant development occurs within the context of key caregiving relationships, and that infants have abilities, drives, wants and needs but also rights, just as more verbal older children and adults do.... Infant mental health as a field of clinical research and practice is concerned with understanding those that allow and facilitate optimal development, and with developing the range of interventions that mitigate against the physical, emotional and social risks experienced by some infants and their parents. (Mares, Newman, & Warren, 2005, p. 4).

Partnership: a collaborative approach in order to maximise the influence of the expertise and knowledge of both the helper and the parents. (Davis, et al., 2002).

Perinatal: encompassing pregnancy, birth and the first year postpartum. (NSW Health, 2010)

Practice development: is a continuous process of developing person-centred cultures. It is enabled by facilitators who work with teams to blend personal qualities and creative imagination with practice skills, practice wisdom and an evolving authentic self. (McCormack, Manley, Kitson, Tichen, & Harvey, 1999).

Reflective Practice: critical examination of practice through a systematic self-reflection in developing critical thinking and problem solving skills. (Crowe & Malley, 2005).

Risk factors: risk and protective factors may change over time, and the salience of risk and protective factors will vary with individual and family characteristics and the socio-cultural context in which the family lives. In general, families will be more vulnerable if exposed to more risk factors and less protective factors — and resilient when more protective factors are able to be put in place, reducing exposure to risk factors. (NSW Health, 2008a).

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The development of this Framework was greatly assisted by committed nurses working in the specialist field of child and family health nursing. We would like to also acknowledge the support of the Nursing and Midwifery Office and thank all the individuals over the years, from health, universities, associations and/or organisations who have shared their professional expertise in the development of this Framework.

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Guidelines for Clinical Practice Consultancies

Aim

The aim of a CPC is to support CFHNS in their clinical practice setting. During the course of a CPC a nurse is given the opportunity to reflect on practice and develop clinical practice goals.

It provides an opportunity for the mentor to spend time with a CFHN to support:

- clinical practice
- case management
- case review and
- discussion on local issues pertinent to the nurse's community.

Role of a Mentor in CPC

The role of a mentor is to assist the nurse to establish personal goals and plan their achievements. The mentor and CFHN will work together to facilitate the learning of specific clinical knowledge and skills. The mentor encourages professional behaviour through appropriate role modelling and discussion using a partnership approach. However the role of a mentor is not intended to include the assessment of clinical practice.

Ideally the mentor and assessor roles should be separate. However if a Health Service determines that an assessor will also be the mentor, the role needs to be discussed with the nurse prior to the CPC. A clear understanding of the mentorship role is essential to enable a positive mentor-mentee relationship.

Format

It is anticipated that there will be an opportunity for every CFHN to spend time with a mentor each year in CPC. A CPC is a one-on-one session held in the nurse's clinical setting. This can be in the child and family health centre, home visit, group setting or as a case review. CPC sessions can be useful for nurses when encountering a new or unfamiliar area of clinical practice, which may require a clinical skills assessment, or for extra support for example when home visiting a family with complex needs.

Organising a CPC Session

The CFHN initiates the time and date for a CPC in conjunction with a designated child and family health nurse mentor. Assessment dates may also be scheduled to follow up on practice development plans where needed.

Documentation

Documentation of the CPC includes keeping a record of:

- the date
- the context of the consultancy eg in clinical field, home visit, review of case notes
- the clinical practice plan developed.

The CFHN completes the documentation and the nurse and mentor sign this document as a record of the CPC. The nurse keeps this copy as his/her record of the session and it is added to his/her portfolio. The mentor keeps the record of the session's date and context/setting in order to verify their participation in CPC sessions.

Documentation of CPC allows child and family health nurses to build on individual and service practice development over time.

Evidencing Clinical Practice Consultancy Sessions

CPC sessions will be evidenced in a CFHN's portfolio. It is anticipated that at annual performance appraisal there is documented evidence of a minimum of one CPC per year. However a CFHN may contact his/her mentor for more frequent sessions.

How is this Different to Clinical Supervision?

CPC sessions may involve a component of direct observation of clinical practice whereas clinical supervision involves reflection and dialogue relating to a clinical issue but no direct observation of clinical practice. CPC is an opportunity for immediate support and feedback for the

nurse on his/her clinical practice and is directly related to development of clinical practice goals (Child and Family Health Nurses Association (NSW), 2003).

How are Clinical Practice Consultancy Sessions Conducted?

CPCs are conducted in a partnership model. There is an expectation that the sessions will be conducted in an environment of mutual respect and a recognition of the complementary expertise brought by both the mentor and mentee. There is a focus on reflective practice, insight and actions. There is joint planning and recording of these sessions by both the CFHN and the mentor.

What if there is a Clinical Practice Performance Issue Identified?

The primary purpose of CPC is for clinical support not performance management. If omissions of clinical care are evident during a consultancy, the anticipated outcome is that the nurse's clinical practice be enhanced by providing assistance in the development of the necessary clinical knowledge and skills. This may occur through completion of the relevant CSA, discussion, reflection on practice, education, further readings, mentoring, attending conferences etc. If however, in the course of a CPC there is a serious breach of practice or risk to a client, the mentor has a duty of care in reporting this incident to the relevant manager of the service.

If a nurse's clinical performance continues to be unsatisfactory despite support, the manager can discuss this with the mentor and the nurse enabling the development of a plan and goals which should be documented in the nurse's personnel file.

What if there is Disagreement over a Practice Consultancy Session?

If there is disagreement by either the nurse or the mentor over a particular CPC session, in the first instance it is expected that both staff members will address the issue in a professional manner. If this is not possible, the CFHN may appeal via the manager or the Human Resource Department.

Criteria for Practice Consultancy Mentors

Nurses interested in becoming a mentor should provide evidence of the following in a professional portfolio to the relevant manager:

1. **Professional Qualifications:** Registered Nurse who holds a recognised post-registration qualification in child and family health nursing.
2. **Duration and Recency of Practice:** CFHN with minimum of three years experience in specialty and currently practising in child and family health nursing.
3. **Partnership Approach:** Demonstrates sound knowledge and understanding of and commitment to the principles of partnership practice.
4. **Participation in Clinical Supervision:** Accesses regular clinical supervision.
5. **Professional Development:** Demonstrates commitment to ongoing professional development.
6. **Availability:** Understands the purpose of and is readily accessible for clinical practice consultancies.
7. **Confidentiality:** Maintains confidentiality within parameters of mandatory reporting responsibilities and professional accountability.

Ongoing Assessor Requirements

- Peer assessment: annual participation in professional mutual consultancy and peer review.

Guide to the Clinical Skills Assessment Process and Criteria for Assessors

Aim of the Assessments

CSAs have been developed to ensure that CFHNs can access professional education and support in order to provide best practice, and evidence-based care for families.

The specific aims of the assessments are:

1. To identify that the nurse is competent to provide safe child and family health nursing practice
2. To identify areas of the nurse's practice that require further skill development and/or education
3. To provide evidence of attainment of competency in the specific skill.

Essential Components of Conducting a CSA

A CSA involves the following four key features that apply to the process of assessment.

Validity

- During the assessment a range of skills and knowledge essential for the nurse to demonstrate competency are covered
- The assessment of the competency is a process which allows knowledge and skills to be integrated in a practical situation
- During the assessment, judgements are made to determine the nurse's competence and, wherever practicable, on evidence gathered on a number of occasions and in a variety of situations and contexts.

Reliability

- Assessment procedures are regularly monitored and reviewed to ensure that there is consistency in the interpretation of evidence
- Evidence of reliability can be obtained by assessing on multiple occasions, using a number of methods of evidence gathering and in a range of contexts.

Flexibility

- Flexibility applies to the process not the standard
- Assessments should cover both on and off-the-job components of training
- Assessment procedures should provide for the recognition of competencies no matter how, where or when they have been acquired
- Assessment procedures are made accessible to the person being assessed so that they can proceed readily from one competency to another.

Fairness

- Reasonable adjustments are made to assessment procedures depending on the characteristics of the person being assessed
- Assessment procedures and the evidence are made clear
- Assessment practices and methods are equitable to all groups of people being assessed
- Assessment procedures and the criteria for judging performance are made clear to nurses undertaking assessment
- The process of assessment is jointly developed/agreed between the assessor and the nurse
- The nurse knows what form the assessment will take and understands clearly what is expected
- Opportunities are provided to allow the nurse being assessed to challenge the assessment and provision is allowed for reassessment.

Recognition of Prior Learning (RPL)

RPL is the recognition and acknowledgement through assessment of competencies held and acquired through prior learning, formal training, work experience or life experience (Australian National Training Authority, 1998). Evidence of current competence in child and family health nursing clinical skills assessments is to be recognised and transferable throughout NSW Health services. For example, nurses who can provide evidence of current International Board Certified Lactation Consultant (IBCLC) certification will have RPL granted for the breastfeeding clinical skill assessment.

Type of assessment

- Generally a summative assessment is used which means the final assessment occurs following a period of learning.

Number of assessors

- Single assessor only

Assessment methods

- Discussion
- Questions
- Clinical practice observation.

Assessment location and time

- Assessment will occur at the nurse's workplace during normal working hours
- The nurse will negotiate with the assessor a suitable time for the assessment.

Special needs of person being assessed

- The assessor will communicate with the nurse to determine if there are special needs to be taken into consideration in order to complete the clinical skills assessment.

Review procedures and responsibilities

- The assessment process and clinical assessment tools allow for continuous monitoring and improvement and provide an effective feedback mechanism for both the assessor and the nurse
- There will be continuous review of clinical skills assessment.

Reassessment /timeframes

- A maximum of three opportunities of an individual skill assessment can be provided to a nurse if competency is not achieved on the first assessment
- The timeframe for reassessment of a particular competency is negotiated based on the issue and the resources and intervention required
- An ongoing inability (ie after 3 attempts) of the nurse to achieve competence during skills assessments is referred to the appropriate manager.

Criteria for Clinical Skills Assessors

Applications for nurses to become assessors are to be forwarded to their manager with evidence of the following in a professional portfolio:

1. **Professional Qualifications:** Registered Nurse who holds a recognised post-registration qualification in child and family health nursing
2. **Duration and Recency of Practice:** CFHN with minimum of three years experience in specialty and currently practising in child and family health nursing
3. **Clinical Assessor Education:** It is the AHS's responsibility to ensure that clinical assessors are appropriately skilled to perform the role
4. **Participation in Clinical Supervision:** Accesses regular clinical supervision
5. **Professional Development:** Demonstrates commitment to ongoing professional development
6. **Availability:** Understands the purpose of and is readily accessible for clinical skills assessment
7. **Confidentiality:** Maintains confidentiality within parameters of mandatory reporting responsibilities and professional accountability.

Ongoing Assessor Requirements

- Peer assessment: annual participation in professional mutual consultancy and peer review
- Maintains currency by regularly conducting clinical skills assessments.

Professional Portfolio Templates

1. Introduction

It is the responsibility of all nursing professionals to maintain contemporary evidenced-based practice knowledge and skills (Australian Nursing and Midwifery Council, 2009). This requires each practitioner to access information and professional development activities as part of their commitment to lifelong learning. Demonstration of this commitment can be evidenced through use of a professional portfolio. The evidence collected in a portfolio can also 'be used to demonstrate your skills and abilities'. The portfolio can be used to showcase achievements and progress in your professional development — things you have done in your work from day to day which you feel were evidence of performing at the appropriate level.

A portfolio is useful because it:

- collates evidence of basic competence that is gathered and controlled by practitioners themselves
- provides evidence of professional development
- provides evidence for learning that takes place within the workplace, not just the learning that occurs within in-service training courses
- provides evidence of diligent and safe practice
- can assist to give evidence of existing skills so that you can claim Recognition of Prior Learning (RPL)
- can be used if you are seeking work or promotion and want to prepare a portfolio that reflects your skills
- can be used if you need to produce a portfolio in order to gain entry into a course of study.

2. Suggestions for assembling a portfolio

2.1 Organisation

As mentioned, there is no set format for assembling a professional portfolio and there are a variety of Portfolio Templates available for use by child and family health nurses. It is suggested the use of an A4 ring binder/folder with plastic sleeves is a practical way of storing materials. File dividers and/or sticky tabs can be used to separate the different sections in your ring binder.

It is recommended to have a Table of Contents at the front of your portfolio. It lists the entire contents of the portfolio and shows the section and page number for each item. The table of contents also includes a list of any enclosures of evidence such as photos or certificates that may supplement your portfolio. A Table of Evidence lists every item of evidence in the portfolio together with the competency or area of practice to which the evidence pertains. This provides a cross-reference for yourself and your assessor/manager between the required competencies and the evidence. Label each item of evidence clearly with a number eg page number, in the right hand corner for easy identification.

Ensure that you have your portfolio handy at work to add information as needed. Allocate yourself time at work for reflection and documentation.

There are many versions of professional portfolio templates, examples of which can be located on the internet.

2.2 Examples of types of evidence

Credible evidence of professional development activities should be supported by a variety of sources.

Examples include:

Personal and professional information

This section includes a Curriculum Vitae/resume

- List of professional qualifications; usually the most recent is presented first. A copy of academic transcripts may be also included
- Professional memberships and activities can be included in this section.

Evidence of development of specialty knowledge

- In-service attendance including compulsory in-service
- Conferences, seminars or workshops attended
- Professional /clinical journal/ research reading and/or relevant literature review.

Evidence of clinical teaching

- Formal/informal education sessions with staff/ acting as a resource
- Formal/informal education sessions with clients, community groups etc
- Provision of in-service /workshops/presentations
- Contribution to the dissemination of information in the workplace (publications, newsletters etc).

Evidence of contribution to the specialty

- Provision of clinical packages /resources
- Involvement in review /development of service procedures and guidelines
- Contribution to meetings, working parties etc.

Evidence of competency and professional practice development

- Completion of clinical skills assessments
- Practice Consultancies
- Clinical supervision attendance
- Evidence and outcomes of performance review (optional)
- Excerpts from reflective learning journals (optional)
- It is suggested that a portfolio include a commentary that explains the relevance of the evidence.

3. Clinical practice consultancies

Keep a record of your CPCs in your portfolio. The CFHN completes the documentation and the nurse and mentor/ assessor sign the document as a record of the CPC.

Keep a signed record of the:

- date and location
- format and location of the consultancy eg in clinical field, home visit, review of case notes
- clinical practice plan developed
- comments and suggestions discussed.

Child and Family Health Nursing Clinical Practice Consultancy

Date:/...../.....

Location:

Activity:

Comments:

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Clinical Practice Plan:

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Assessor /Mentor Signature:

Nurse Signature:

CLINICAL ASSESSMENT SKILLS RECORD TEMPLATE

Keep a record of your completed clinical skills assessments in your portfolio. The child and family health nurse assessor completes the documentation at the completion of the assessment and the nurse and assessor sign the document.

RECORD OF CLINICAL SKILLS ASSESSMENTS

[illegible]

Name of Clinical Skill

Date:/...../.....

Location:

Comments:
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Clinical Practice Plan:
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.....
.....

CFHN Assessor's Name:

Signature:

CFHN Signature:

PROFESSIONAL DEVELOPMENT RECORD TEMPLATE

Name:

[illegible]

CLINICAL SUPERVISION RECORD TEMPLATE

Name:

[illegible]

4. EXCERPTS FROM REFLECTIVE LEARNING OPPORTUNITIES

Reflection requires critical analysis of our previous behaviour and actions in order to learn from a particular situation. The aim of critical analysis is to gain understanding and the comprehension to move forward. It provides the opportunity to record the event and explore questions on what happened, why it happened and possible ways of doing it differently next time. The positive attributes of mindfulness and being motivated to change are pre-requisites to

reflection. Reflecting on learning outcomes and clinical practice development activities is an integral component of the portfolio.

Suggestions for documenting reflective learning opportunities include describing practice outcomes, learning from a clinical encounter and changes made to practice. Descriptions can be made of both positive and negative incidents and outcomes.

