The Art of Clinical Supervision: the Traffic Light System for the Delegation of Care

AUTHORS

Kylie Russell

PhD, MHSc(Ed), BN, RN Postgraduate Coordinator School of Nursing and Midwifery at The University of Notre Dame Australia, Mouat Street, Fremantle, Western Australia kylie.russell@nd.edu.au

Sarah Williamson

BN, RN

Registered Nurse Fremantle Hospital, Alma Street Fremantle, Western Australia; sessional tutor The University of Notre Dame Australia Mouat Street, Fremantle, Western Australia sarah.hobson@nd.edu.au

Ann Hobson

GradCert NsgEd, Dip Nsg, RN Educator Art of Clinical Supervision, Western Australian Department of Health (retired)

KEY WORDS

clinical supervision, delegation of Care, student nurse, clinical teaching

ABSTRACT

Objective

The Traffic Light System for the Delegation of Care was developed as a tool to assist student nurses and their allocated clinical supervisor on clinical shift, to determine their scope of practice for the delivery of patient care.

Setting

Western Australian health services.

Primary Argument

With each clinical placement student nurses are required to determine their scope of practice according to the health service polices and guidelines in conjunction with their own School of Nursing practice policies and legislation. Health service nurses support students in this scope of practice determination, but often themselves are perplexed by the different placement structure in each university course, and the lack of consistency across these.

Conclusion

Participant feedback and implementation of the tool supports its usefulness as a practical strategy to assist decision-making in the delegation of care to student nurses.

INTRODUCTION

The Art of Clinical Supervision (ACS) is a one-day seminar for nurses facilitated by academic staff in the School of Nursing and Midwifery at The University of Notre Dame Australia. Initially designed as an intervention strategy for a PhD in 2013 with 200 participants, the programme has now been delivered to more than 3,000 health professionals across Western Australia (WA). Of significance, the ACS was developed to improve participant knowledge and attitude towards students and clinical supervision, as well as to provide practical tips to assist with clinical teaching and supervision (Russell et al 2016; Russell 2013). This article is the focus of one of these teaching tips – the Traffic Light System for the Delegation of Care.

DISCUSSION

Clinical supervision, in the context of entry to practice nursing education, is the relationship between the student nurse, and the registered nurse responsible for their practice on clinical placement. In Australia, a clinical supervisor is "an appropriately qualified and recognised professional who guides learners' education and training during clinical placements. The clinical supervisor's role may encompass educational, support and organisational functions. The clinical supervisor is responsible for ensuring safe, appropriate and high quality patient-client care" (Health Workforce Australia [HWA] 2014, pp.22). Other terms used to describe this relationship include preceptor, mentor, coach, buddy and facilitator (Dimitriadou et al 2015; Manninen et al 2015).

The clinical supervisor, in providing opportunities for practice, must determine what care can and cannot be performed by the student nurse. This discussion between the student and the clinical supervisor should sit within the delegation framework. The Nursing and Midwifery Board of Australia (NMBA) defines delegation as:

the relationship that exists when a RN delegates aspects of their nursing practice to another person such as an enrolled nurse, a **student nurse** or a person who is not a nurse In some instances **delegation may be preceded by teaching and competence assessment** (2016, pp.6).

Through the delegation of care, the clinical supervisor (unit registered nurse) remains accountable; however, the accepter of the delegation, the student, also assumes responsibility and ensures that they are appropriately educated and able to complete the delegated task (NMBA 2016; NMBA 2013a).

Delegation of care by the clinical supervisor facilitates student nurse learning; delegation of clinical care facilitates student competence to support their professional development. These activities of delegation remain within the scope of the nursing role, and are learnt at appropriate times during the student's course of study. That is, dependent on where the student is within their course will influence what nursing activities the student can engage in. Due to the varied student placement experiences, and dependent on the institution of enrolment, students are ready at different times to perform aspects of nursing care. Thus, students do not always have a set of rules or a precise list of what can and cannot be practiced, at a particular point in their course, creating a sense of uncertainty for staff and students.

The Traffic Light System for the Delegation of Care was designed to assist clinical supervisors in their delegation of care to a student nurse. The tool is based on the NMBA Nursing Practice Decision summary guide (2013b) and the National Framework for Decision Making (2013a) for the allocation of care to members of the health care team, including student nurses. The framework provides clinical supervisors with a structure to decide if an episode of patient care can be delegated to a student, or another member of the health care team. The NMBA (2013a, pp.19) criteria for delegation to a student states:

AUSTRALIAN JOURNAL OF ADVANCED NURSING Volume 35 Issue 1 34

- Performance of the activity is congruent with the educational goals of the program in which the student is enrolled, and with the professional role that the student will undertake once they graduate.
- The educational institution supports the performance of the activity by the relevant group of students.
- The student is competent and confident to perform the specific activity for the consumer in the current context.

Whilst these may seem straightforward, the ability to determine appropriate delegation in practice can be fraught with confusion. In delegating, the registered nurse must consider the knowledge and the ability of the student to safely undertake the task (Saccomando and Pinto-Zipp 2011); this can be confronting with multiple schools of nursing, each with their unique curriculum pathway, and students experiencing varying opportunities throughout their clinical placement journey.

Therefore in consideration and preparation of delegating care, both time and preparation are key. Thought must be given to how much time the clinical supervisor has to provide the necessary teaching to ensure safe practice, based on what the student already knows, and does not know (Saccomando and Pinto-Zipp 2011). Hasson et al (2012) refer to this action of delegation as "the right task, circumstance and person" (pp.229). That is, does the clinical situation allow for the safe delegation of care, and is the student equipped with the essential knowledge, skill and ability to practice within the current clinical context (NMBA 2016).

Further consideration of the delegation includes the level of student supervision. This supervision can occur 'directly' or 'indirectly' dependent on the student's experience and the complexity of the care. Direct supervision involves the presence of the clinical supervisor to provide direct observation, guidance and direction. Indirect supervision involves the clinical supervisor being available to the student should they need support. Therefore whilst the clinical supervisor does not directly observe practice they are accessible to provide assistance if required (HWA 2014). Despite these guidelines and frameworks for practice clinical supervisors have often struggled with the delegation concept.

TRAFFIC LIGHT SYSTEM FOR DELEGATION OF CARE

The Traffic Light System for the Delegation of Care was developed as a tool to assist clinical supervisors to determine a student's scope of practice and the type of supervision required. The tool is reviewed during the Art of Clinical Supervision seminar (Russell et al 2016), the seminar was an intervention for a doctoral research study. The study described the positive impact of the seminar on participant's knowledge and attitude towards the role of clinical supervision. Due to the success of the seminar, first presented in 2012, the seminar continues for all health service employees across WA on request. A further 3,000 participants have attended since the initial 200 doctoral participants. Attendees to the seminar are provided with a paper copy of the tool in a seminar resource pack. The tool is intended to be used as an A3 poster for display in key nursing locations, e.g. treatment room, and is available to participants in digital form on request.

The tool is to be used at a unit/ward level, this ensures consistency of delegation and supervision requirements; therefore reducing confusion for staff and students. Staff together discuss what students can do under indirect supervision 'Green Traffic Light', what they can do whilst directly supervised 'Orange Light', and what they cannot do 'Red Traffic Light'. Starting with the Red Light is often the easiest, in particular with those nursing actions unauthorised by legislation and hospital policy. For example in Western Australia, students cannot participate in patient restraint. Examples of a completed Traffic Light poster are provided in figure 2. Please note these examples relate only to the Western Australian health care context.

AUSTRALIAN JOURNAL OF ADVANCED NURSING Volume 35 Issue 1 35

Figure 1: Traffic Light System for Delegation of Care

School practice guidelines/polices Health service practice guidelines

Speciality of ward/unit area

the Art of Clinical Supervision

Acceptance and Delegation of Responsibilities Student Clinical Placement <<Enter Clinical Area Here>>

The following table is a guide to the clinical knowledge, skills and behaviours that students may be able to perform in your clinical area. However, prior to delegating responsibility the student and the supervisor should consider the students:

- Stage of training (previous placements experience, related to the delegation)
 - Appropriate level of clinical duties expected at stage of learning
- Feedback from other colleagues regarding student competence
 - Student and patient/client willingness to engage in learning

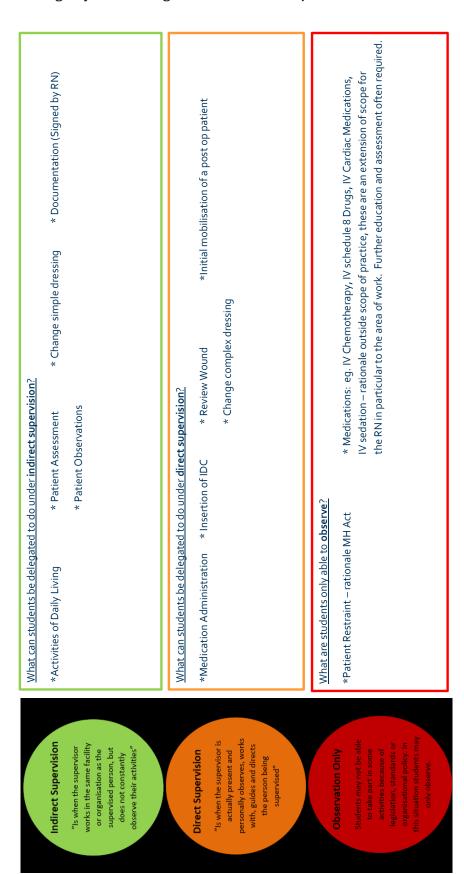
What can students be delegated to do under indirect supervision? Indirect Supervision works in the same facility "Is when the supervisor supervised person, but or organisation as the observe their activities does not constantly

What can students be delegated to do under direct supervision? What are students only able to observe? personally observes, work with, guides and directs "Is when the supervisor Direct Supervision the person being

The Art of Clinical Supervision

36

Figure 2: Traffic Light System for Delegation of Care with Example



Implementation of the Traffic Light System for the Delegation of Care involves all nursing staff, including the staff development nurse and the ward/unit manager. Staff discussion about what students can and cannot do, and under what supervision must be agreed to. Through this discussion, the Traffic Light System brings consistency of the delegation of care to student nurses during their clinical placement. In teaching The Art of Clinical Supervision, participants often noted their workplace provided no direction about student delegation, and they could not comment with certainty that they delegated care in the same way as their peers. Many questioned what they 'did' or 'did not' allow a student to do, or the level of supervision provided was consistent, given the decision was made at an individual level, with no unit/ward input. This ward/ hospital input only occurred through specific policies e.g.: students cannot administer intravenous cardiac medications (Russell 2013).

FEEDBACK

Feedback from the ACS participants, through ongoing survey evaluation, strongly endorses the Traffic Light System, with participants articulating it encourages discussion within the workplace, agreement on the allocation of nursing care to the different levels of supervision, and importantly provides clarification and direction for staff and students in the delegation of patient care. The following email statements are from two WA nurse educators who requested digital copies:

"I think this would be a fantastic tool for our nurses and instead of reinventing the wheel I was wondering if we could use your version" (2016), and "I really enjoyed the day, really keen to see a culture change, the traffic light sheet was the one we needed. We are going to mock up a clinical supervisor pack and give the guys some guidance as to where the students will be at" (2016).

CONCLUSION

Students on clinical placement have often described their frustration over the different perspectives held by nursing staff in what they can and cannot do. One day encouraged to partake in clinical care and the next told it is outside of their scope. This lack of consistency creates a sense of frustration and confusion. Creating a forum for discussion with all staff through the use of the Traffic Light System for the Delegation of Care promotes consistency of practice.

Ensuring staff consistency in delegation ensures patient safety, and a positive learning experience for students. A student entering a workplace with Traffic Light Posters immediately portrays to the student their role in the delivery of patient care and confirms any unsure expectations about the placement opportunities for practice.

The Traffic Light System provides a tool to assist with the delegation of care to student nurses. Such tools can be useful to create a sense of consistency, reduce confusion, and wasted time in determining what a student can and cannot do. Ultimately this ensures a clinical environment that promotes safety of practice for the student, which impacts on patient care and outcomes.

REFERENCES

Dimitriadou, M., Papastavrou, E., Efstathiou, G. and Theodorou, M. 2015. Baccalaureate nursing students' perceptions of learning and supervision in the clinical environment. *Nursing and Health Sciences*, 17(2):236-242.

Health Workforce Australia. 2014. National clinical supervision competency Resource. Health Workforce Australia. http://www.heti. nsw.gov.au/Global/Clinical%20Supervision%20Series/HWA_National-Clinical-Supervision-Competency-Resource_FINAL.pdf(accessed 21.03.2017).

Hasson, F., McKenna, H. and Kenney, S. 2012. Delegating and supervising unregistered professionals: The student nurse experience. Nurse Education Today, 33(3):229-235.

Manninen, K., Henriksson, E., Scheja, M. and Silen, C. 2015. Supervisors' pedagogical role at a clinical education ward – an ethnographic study, BMC Nursing, 14(55):1-8.

38

Nursing and Midwifery Board of Australia. 2013a. A national framework for the development of decision-making tools for nursing and midwifery practice. Nursing and Midwifery Board of Australia. http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx (accessed 21.03.2017).

Nursing and Midwifery Board of Australia. 2013b. *Nursing practice decisions summary guide*. http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx (accessed 20.03.2017).

Nursing and Midwifery Board of Australia. 2016. *Registered nurse standards for practice*. Nursing and Midwifery Board of Australia. http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx (accessed 20.03.2017).

Russell, K. 2013. The Art of Clinical Supervision Program for Registered Nurses: Its implementation and influence on nursing staffs' knowledge and attitudes (Doctoral dissertation).

Russell, K., Alliex, S. and Gluyas, H. 2016. The art of clinical supervision: Its development and descriptive mixed method review, *Australian Journal of Advanced Nursing*, 33(4):6-16.

Saccomando, S. and Pinto-Zipp, G. 2011. Registered nurse leadership style and confidence in delegation. *Journal of Nursing Management*, 19(4):522-533.

39