



ACCORDS

ADULT AND CHILD CENTER FOR OUTCOMES
RESEARCH AND DELIVERY SCIENCE

UNIVERSITY OF COLORADO
CHILDREN'S HOSPITAL COLORADO

Prevention Research Center for Family and Child Health

[ACCORDS](#) (Adult and Child Center Outcomes Research and Delivery Science)

University of Colorado School of Medicine | Children's Hospital Colorado

Mailstop F443 | 1890 North Revere Court | Aurora, CO 80045

Principles to guide the development of NFP Reflective Supervision documentation in each country.

Developed by the international Reflective Supervision working group

June 2019

- Documentation should support and enhance the process of reflective supervision
 - Documentation should be in line with local expectations and requirements regarding client and staff record keeping, this includes adhering to national requirements pertaining to Information Governance policies and processes
 - Documentation should accurately record decisions made within RS and can form a useful audit trail for these
 - Documents to record client issues and decisions taken in RS should be recorded separately from documents recording nurse issues and a system for filing this information be agreed
 - Preparation for RS by both supervisor and NFP nurse is important - documents to support this have an important role
 - Transparency in documentation is vital – a useful guide for this is that a client viewing completed client-related documents should see them as an accurate and reasonable representation of their situation. All documents completed as an outcome of supervision should be agreed between nurse and supervisor
 - Documents to support the review of the process of supervision and the quality of the relationship between supervisor and nurse have a useful place
- Documentation should support a structured approach to reflection, analysis and decision making in RS, to avoid digression such as 'story telling'. This can include using reflective practice models as outlined in the Reflective Supervision guidance document i.e. Kolb, Gibbs or Driscoll.

In addition:

- NFP clinical leaders should be curious about NFP supervisors and nurses who are reluctant to complete RS documentation as it is likely to be an indication of other issues such as extreme workload, limited appreciation for the importance of Reflective Supervision to shape practice, or lack of familiarity with agreed local documentation processes.