

CMBC EXPECTATIONS OF SUPERVISORS

The College of Midwives of BC (CMBC) holds a supervisor responsible for ensuring the safety of all midwifery care provided by a Conditional Registrant, Conditional (Remedial) Registrant or Conditional (Return to Practice) Registrant under supervision, including all care being provided under direct supervision and/or being supervised indirectly by chart review. While it is important to make some allowance for individual styles and approaches, the supervisor is responsible for ensuring that care is safe and within the standards of practice. In the event that there is a disagreement on the management of care, the supervisor is considered by CMBC to be the most responsible caregiver, and is expected to take charge of a situation to avert risk of harm.

If a Conditional Registrant or Conditional (Return to Practice) Registrant has completed direct supervision requirements and is providing care to clients, the supervisor must be made aware of all clients booked under the supervised midwife's care, and must monitor that care through regular chart review at least as often as every two weeks. As a supervisor is required to be in attendance at the births of all of the supervised midwife's clients for the entire period of supervised practice, the supervisor should expect to meet each client at one or more antenatal visits, minimally at one visit prior to 37 weeks gestation.

The most effective supervision arrangement is for Conditional Registrants or Conditional (Return to Practice) Registrants to work together with their supervisor(s) providing care to clients in a shared-care arrangement. In a shared-care arrangement two midwives provide care to one client together, first by attending visits together, with the supervisor alternately being observed by and observing the supervised midwife. Once the supervised midwife has been assessed as ready to move to indirect supervision, the two midwives would see the client for alternating visits, complemented by chart review.

CMBC holds the principal supervisor responsible for assessing overall competence in the areas set out in the supervision plan. Where competence as principal midwife at births is required to be demonstrated, the supervisor is asked to assess competence in the provision of all aspects of intrapartum care in the designated setting that are within the midwife's scope.

Supervision plans set out the minimum requirements. CMBC holds the supervisor responsible for determining if the Conditional Registrant or Conditional (Return to Practice) Registrant needs to do more than the minimum in order to demonstrate competence.

The requirements for observation provide an opportunity to clarify the standards of care that the Conditional registrant is expected to demonstrate. The Learning Plan, which is developed at the beginning of the period of supervision, should also assist in making objectives clear. In addition, it is useful to make explicit any community-specific or practice-specific protocols that the supervised midwife is expected to follow.

The framework of supervision should not be shifted from direct supervision, where the supervisor is present and observing the provision of care, to indirect supervision by chart review, until the supervisor is confident that safe and appropriate care can be provided independently.

If, in the course of indirect supervision, a concern arises with regard to the Conditional Registrant's or Conditional (Return to Practice) Registrant's ability to provide safe care, the supervisor may require the Conditional Registrant or Conditional (Return to Practice) Registrant to be under direct supervision.

The principal supervisor is responsible for ongoing and timely communication with the Conditional Registrant, Conditional (Remedial) Registrant or Conditional (Return to Practice) Registrant under the principal supervisor's supervision. Feedback, both positive and negative, should be documented at the time it is given, and this documentation should include any agreed upon revisions to the Learning Plan or the basic ground rules for the supervision relationship.

Principal supervisors and supervised midwives are responsible for reporting to CMBC on the progress of supervision as indicated in the supervision plan. The principal supervisor is also responsible for soliciting and incorporating feedback from other named supervisors. Ideally the principal supervisor and the supervised midwife would meet and agree on a report to be submitted. If there is a discrepancy in perspectives, separate reports should be submitted and the two parties should copy each other on their reports. If additions to the plan are being recommended, or an extension required, these must be requested in writing.

Supervision is primarily a process of evaluation designed to ensure that CMBC's competency requirements can be assessed and met within the context of safe practice. Responsibility for learning rests with the Conditional Registrant, Conditional (Remedial) Registrant or Conditional (Return to Practice) Registrant, while responsibility for supervision and evaluation rests with the supervisor. Ideally the process of supervision is also supportive of the Conditional Registrant's, Conditional (Remedial) Registrant's or Conditional (Return to Practice) Registrant's self-directed learning, in general and in the areas where gaps in experience, knowledge or skill have been identified.

If a supervisor believes that client safety cannot be assured in the context of a given supervision plan, the supervisor should notify CMBC immediately.

Some questions for consideration

What do you expect from supervision and what can you do if it is not working out?
Are you unclear or in disagreement about the requirements set out in the supervision plan?
Where can you get clarification?
Are you supervising or being supervised by someone you have worked with before?
What are your expectations of roles and relationships? Have you discussed them explicitly?
Do you have a written agreement about how supervision works in your practice, and what to do if it is not working out? Indemnification? Notice? Whose clients are they anyway?
How do you deal with providing and receiving negative feedback?
What internal and external resources are available to you to address problems and concerns? e.g. from CMBC, from midwives in your practice, from an auxiliary supervisor, from other midwifery practices, from your hospital department, from an outside facilitator.
When is it appropriate to add another supervisor to the plan, or change principal supervisors?