

NMHWF Supervision Network Hub Meeting #4  
*The Art of Supervision: The Remediation Process Summary*

Dear Hub attendees; panel members and registrants.

This Supervision Network Hub Meeting explored the practical, ethical, and interpersonal complexities of remediation within the 5+1 internship pathway. Through a rich panel discussion and case examples spanning private practice, public health, and university settings, participants were invited to deepen their understanding of remediation as a collaborative and developmental process rather than a punitive one.

The conversation emphasised the importance of **early intervention, clear documentation, organizational supports, and maintaining psychological safety** during challenging performance conversations.

We value your feedback and would greatly appreciate hearing your reflections on the recent Hub meeting. Your input assists us in refining the structure, content, and overall impact of future sessions.

Please take a few moments to complete the feedback survey via the link below:

[https://qualtrics.flinders.edu.au/jfe/form/SV\\_9NXfD61PROYTxIU](https://qualtrics.flinders.edu.au/jfe/form/SV_9NXfD61PROYTxIU)

### **Opening and Context**

Lizzie opened the session with an Acknowledgement of Country and an orientation to the topic, noting that remediation conversations often feel daunting but are a normal and necessary part of high-quality supervision.

Key opening messages included:

- **Evaluation is continuous**, occurring through formative (growth-oriented) and summative (competency-based) processes.
- Interns need **structured, transparent mechanisms**—such as the GSAT-SR and supervision contracts—to anchor expectations.
- Supervision operates across varied environments, and remediation needs to be understood within each organisational context.

Participants were reminded that high-quality feedback cultures help destigmatise remediation and reduce defensiveness.

### **Panel Expertise and Perspectives**

The panel brought complementary lenses shaped by their respective roles:

#### **Pannel member 1**

- Highlighted frequent remediation areas: risk assessment, formulation, documentation, and standardised assessments.
- Emphasised that interns often *know* when they're struggling—remediation can feel like relief rather than punishment.
- Advocated for collaborative “sitting alongside” rather than top-down correction.

#### **Pannel member 2**

- Brought an operational and HR-informed perspective.
- Noted that many remediation issues stem from **workforce maturity** rather than clinical skill—communication, time management, boundaries, professional behaviour.
- Stressed that unclear expectations harm culture, undermine fairness, and create operational disruption.

#### **Pannel member 3**

- Observed that most issues arise from **lack of confidence**, not lack of capability.
- Described risk assessment as a common “scary ogre” that interns may avoid if unsupported.
- Encouraged flexibility in the room—overly formulaic practice can impair therapeutic alliance.

#### **Pannel member 4**

- Spoke to multidisciplinary contexts where transparency and communication impact patient care.
- Highlighted system requirements—documentation, teamwork, and organisational compliance—which interns may underestimate.
- Framed remediation as part of supervisors' ethical “gatekeeping” responsibility.

Their combined insights reinforced that remediation intersects professional identity development, governance, ethics, and organisational risk.

### **1. Understanding Remediation in the 5+1 Context**

The panel normalised remediation as:

- a **structured performance discussion**
- a **competency-aligned learning plan**
- a **time-limited developmental intervention**

Common competency gaps requiring remediation included:

- Risk assessment and decision-making (frequent across all settings)
- Formulation and clinical reasoning
- Documentation standards and timely completion
- Standardised assessment competency (e.g., WISC administration)
- Therapeutic alliance and interpersonal boundaries
- Professional behaviour: punctuality, communication, organisation, reliability
- Team communication and multidisciplinary collaboration

A key message: **Remediation should never be a surprise.**

It should evolve naturally from existing feedback structures.

## **2. Early Identification and Decision-Making**

The panel highlighted behavioural and performance indicators that suggest emerging difficulty:

### **Early Warning Signs**

- Withdrawal from colleagues, closing doors, avoiding shared spaces
- Reduced engagement in supervision or overly agreeable “nodding”
- Defensiveness or difficulty integrating feedback
- Under-preparation for supervision
- Repeated errors or recurring issues despite prior discussion
- Documentation delays (tracked by clinic reporting systems)
- High client dropout or cancellation rates
- Team members quietly reporting concerns (“the jigsaw starts to form”)
- Burnout indicators, stress, absence patterns

Pannel member 1 described building patterns through regular check-ins; Pannel member 2 emphasised that **patterns, not isolated events**, drive remediation decisions.

### 3. Preparing for Difficult Conversations

#### Effective preparation requires:

- Behavioural examples backed by data (e.g., cancellations, case notes)
- Linking concerns explicitly to AHPRA competencies and expectations
- Reviewing supervision agreements and role descriptions
- Reflecting on one's own discomfort, biases, and avoidance tendencies
- Choosing an appropriate environment and time
- Preparing for emotional responses (including one's own)

Pannel member 4 emphasised “*hope for the best, prepare for the worst,*” noting that supervisors should already have laid the groundwork through the initial contracting conversation on how supervisees prefer to receive feedback.

Supervisors must also hold in mind their **primary obligation to vulnerable clients**, which helps ease personal discomfort.

### 4. Conducting the Conversation – Skills, Strategies, and Language

The panel offered detailed examples of how to structure the conversation:

#### Structure

1. Clear statement of purpose
2. Behaviour-based feedback (not general impressions)
3. Link to competencies or policies
4. Intern's response and perspective
5. Collaborative development of a plan
6. Specific goals and timeframes
7. Follow-up and documentation

#### Helpful language

- “I’m noticing...”
- “Help me understand what’s happening for you...”
- “Here’s what the data is showing us...”
- “How can we work on this together?”

### **When distress arises**

- Pause to acknowledge emotions
- Avoid shame triggers
- Reassure the intern that remediation ≠ failure
- Re-anchor the discussion in learning and development
- Normalise discomfort: “uncomfortable does not equal unsafe”

Panel member 1 described a powerful strategy:

**Ask the intern to explain everything they understand about a process without interruption.**

This reveals gaps that may be small but pivotal.

## **5. Supporting the Intern During Remediation**

Effective remediation plans are:

- Specific and behavioural
- Time-limited
- Linked directly to competencies
- Transparent and mutually visible

### **Possible supports include:**

- Increased supervision frequency
- Linking with secondary supervisors
- Peer observation (with client consent)
- Exposure to skilled clinicians
- Structured reflection tasks
- Burnout screening
- Access to organisational EAP or wellbeing services

The panel emphasised balancing compassion with boundaries. Supervisors cannot become therapists for supervisees.

## **6. Risk, Ethics, and Escalation**

Supervisors discussed when remediation issues begin to raise ethical or legal concerns:

### **Key Risk Thresholds**

- Persistent patterns despite support
- Client harm or elevated risk
- Significant competency gaps
- Dishonesty or boundary breaches
- Failure to meet essential AHPRA standards

### **Documentation**

Documentation is critical and must be:

- Contemporaneous, factual, and competency-linked
- Accessible to the intern to ensure transparency
- Stored within secure systems (e.g., HR software, CRM)
- Structured so patterns can be clearly identified

Both panel member 1 and 2 and systems where interns have full visibility of notes, ensuring trust and avoiding surprises.

### **Communicating with the wider team**

- For normal learning processes: open communication with intern consent is appropriate.
- For *pointy-end* remediation (where termination is possible): communication is restricted to supervisors/management until decisions are final, to protect dignity.

## **7. Supervisory Self-Awareness and Reflective Practice**

Throughout the session, supervisors reflected on:

- Their own avoidance of difficult conversations

- Fear of harming the supervisory relationship
- Emotional responses to supervisee distress
- Personal values (e.g., ACT-consistent “moving toward values despite discomfort”)
- The importance of self-care, supervision, and collegial consultation
- The dual responsibility: supporting interns **and** protecting clients and the profession

Panel member 3 emphasised scheduling space after difficult conversations rather than jumping directly into high-demand clinical work.

### **Reflection and Action Planning**

Participants were invited to reflect on:

1. One supervisory strength
2. One area to improve
3. One self-care action for the week

Self-care strategies ranged from beach walks and swimming to poetry writing, adjusting focus time, attending writing groups, or finishing long-term creative projects.

### **Appreciation**

A warm thank you was extended to panel members for their depth, honesty, and practical wisdom, and to all participants who contributed reflections and questions.

### **Feedback**

Participants were encouraged to share feedback via the survey link circulated post-session to continue shaping future Hub meetings.

### **Closing Summary – Expanded**

This Hub Meeting reinforced that high-quality remediation is:

- **Early** – grounded in ongoing, transparent feedback
- **Collaborative** – done *with* the intern, not *to* them

- **Competency-based** – anchored to AHPRA and workplace standards
- **Ethically grounded** – protecting clients, teams, and the profession
- **Organisationally supported** – with systems, reporting, and supervision structures
- **Clear and documented** – visible to supervisors and supervisees
- **Developmental** – fostering growth, confidence, and professional identity

Remediation is not a sign of failure.

It is a sign of **investment**—in the intern, the clients, the profession, and the future workforce.

## **Remediation Conversation Template – Psychology 5+1 Interns**

Purpose: To provide a structured framework for discussing performance or professional concerns with a Psychology 5+ intern, clarifying expectations, and collaboratively developing a remediation plan.

### **Preparation (Supervisor)**

Before the conversation, ensure you have:

Clear documentation of the concerns (specific examples, dates, observed behaviours, client impacts).

Reference to competency standards (AHPRA, Psychology Board, internship competencies).

Draft remediation plan options (goals, supports, timeframe).

Private, safe environment scheduled with enough time (30–60 min).

Reflection on your own mindset: anticipate emotional responses, maintain neutral, supportive tone.

### **Opening the Conversation**

Greet the intern and set a respectful, collaborative tone.

Example phrasing:

“Thank you for meeting with me. Today, I want to talk about some areas where your performance isn’t fully meeting the expected internship competencies. Our aim is to clarify expectations and collaboratively develop a plan to support you.”

Emphasise learning and development, not punishment:

“This conversation is about growth, ensuring you meet the competencies, and supporting you to succeed in your professional practice.”

### **Describe the Concern (Specific and Behavioural)**

Focus on observable behaviours and impact on clients, colleagues, or professional standards. Avoid personal judgments.

Structure: Situation → Behaviour → Impact

Example:

“During the supervision session on [date], your case notes were missing key elements of client risk assessment. This could lead to [impact on client safety/clinical decision-making].”

Ask the intern to reflect on the example:

“Can you share your perspective on what happened here?”

### **Clarify Expectations**

Explicitly outline the expected standard or competency:

“The expectation for 5+ interns in this area is [describe standard/competency]. This ensures [client safety, professional responsibility, regulatory compliance].”

Link expectations to professional guidelines or competency domains.

### **Collaboratively Develop a Remediation Plan**

Identify Goals:

Specific, measurable, achievable, relevant, time-bound (SMART).

Example: “By [date], your case notes will consistently include risk assessment, clinical formulation, and intervention plan for all clients.”

Determine Actions/Supports:

Additional supervision sessions, mentoring, training, modelling, or resource access.

Example: “You will submit case notes for review twice per week, and we will review them in supervision.”

Set Timeframe and Checkpoints:

Short-term review points (weekly/bi-weekly) and end-point evaluation.

Example: “We will have a check-in in two weeks to review progress.”

Clarify Consequences if Goals Are Not Met:

Professional, regulatory, and internship implications (clear, factual, not punitive).

Example: “If these expectations are not met by [date], we will need to escalate to formal remediation or discuss other options in line with internship policies.”

### **Invite Questions and Reflection**

Ask:

“Do you understand the areas of concern and what is expected?”

“Do you see any barriers to achieving these goals?”

“How do you think you can best be supported during this period?”

Listen actively, validate feelings, but maintain focus on competencies and actions.

### **Closing the Conversation**

Summarise the plan:

“To summarise, these are the areas of focus, the support we will provide, the goals, and the timeframe.”

Reaffirm support and developmental framing:

“We are committed to helping you succeed. This plan is designed to give you clear guidance and support along the way.”

Confirm understanding:

“Do you feel clear about what we discussed and the next steps?”

### **Documentation**

Document the conversation, including:

Date, time, attendees

Specific concerns (behavioural examples)

Expected competencies and standards

Agreed remediation plan (goals, supports, timeframe)

Intern’s response and understanding

Store securely in line with organisational and internship requirements.

### **Follow-Up**

Schedule check-ins and supervision sessions as agreed.

Monitor progress against the plan.

Provide feedback at checkpoints.

Adjust plan if required, documenting changes.

Keep the conversation constructive and focused on learning and professional growth.