



Canadian Nurses  
Protective Society

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Supervision

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Supervision entails initial direction, periodic inspection and corrective action when needed. It is the active process of directing, assigning, delegating, guiding, monitoring an individual's performance of an activity to influence its outcome. Supervision can be direct (being physically present or immediately available while the activity is being performed) or indirect (providing direction through various means of written and verbal communications).<sup>1</sup> Both health care institutions and nurses can have responsibilities for supervision.

## Health Care Institutions

Health care institutions have an obligation to maintain safe systems for patients. Providing proper instruction and supervision to staff is one way in which they accomplish this. Case law has shown that health care institutions can be held directly and vicariously liable for failing to properly supervise those under their control, including nurses. Administrators may properly discharge their duty to supervise nursing staff by delegating this responsibility to front-line nurses, such as charge nurses or team leaders. This was clearly illustrated in a case where a nursing supervisor was informed of the struggles a recently graduated nurse was having in handling a normal patient assignment. The management supervisor of nursing consequently asked the team leader to keep a close watch on that new nurse. On a night shift, the team leader gave the nurse a heavy patient assignment. When the new nurse said she was having trouble coping, the team leader rebuked her. The team leader did not inquire about the extent of her difficulties or arrange assistance from more experienced colleagues. As a result, necessary patient intervention was delayed. The court commented on the conduct of the nursing supervisor and team leader. Given the weaknesses that had been reported, it identified the nursing supervisor as responsible "for ensuring the nursing assignment was carried out in such a way as to adequately maintain patient care."<sup>2</sup> It also found that the nursing supervisor's delegation of supervisory responsibilities to the team leader was reasonable and did not breach the standard of care.

## Nurses

### *Nurses in Charge or Team Leader*

The role of the charge nurse generally includes supervision of others. In the case mentioned above, the court found the team leader was a delegate of the nursing supervisor and was required to ensure the nursing assignments were carried out safely. The court held that contrary to this, the inexperienced nurse was "was pushed beyond her limit and was not appropriately supervised."<sup>3</sup> It found that the team leader breached the standard of nursing care by failing to perform her assigning and supervisory duties properly.

It may not be possible for a charge nurse to personally supervise and monitor nursing staff at all times. Other options exist, such as enlisting experienced staff to be a resource for certain staff members or procedures. Nurses in supervisory roles may also have to oversee other health care workers remotely, for example, when they are responsible for

**A dawning  
reality:**

**registered nurses  
supervising  
health care  
providers at more  
than one site**

*More than  
liability  
protection*

more than one site in a long-term care facility. Staying in touch by telephone is common in these circumstances and presents the same risks as any other telephone nursing. When contacted by phone, the charge nurse will consider whether she can gain sufficient information and understanding of the patient's status to provide direction remotely about patient care management. Good communication requires the collaboration of both parties to the call. It can be enhanced by conveying patient information in a structured way. This may consist of briefly outlining the current situation, providing background information about the patient, detailing the nurse's assessment of the situation, and stating what is being sought from the charge nurse.<sup>4</sup> The charge nurse should however be prepared to attend in person or take other appropriate and timely measures to assess the situation if an adequate understanding of the patient's condition cannot be gained over the phone.

### **Supervision of Students**

Nursing school instructors are aware of the academic requirements and clinical skills to be acquired and honed during a clinical placement. Instructors carry their responsibilities to supervise students into the clinical setting, but there is commonly an additional designated person to supervise the student in the clinical setting: a preceptor who is a registered nurse. While students can be accountable for their actions and decisions, instructors and preceptors are responsible for supervising them to different degrees, depending on the circumstances. Good communication between instructors and preceptors will assist both of them in knowing what type and intensity of supervision is needed for each individual student.<sup>5</sup>

### **Risk Management Considerations**

- As a supervisor, are you readily accessible? If not, do you have in place appropriate delegates? Do staff new to your unit or specialty know when and where to receive help? Do you understand the nature and extent of a problem that is reported to you before taking action?
- Do you seek guidance from a trusted colleague or from your supervisor if you are unsure of your assessment of the patient or how to proceed?
- Are you prepared to assist colleagues who need assistance, even if you are not formally in a supervisory role, in the interest of patient safety?
- Do you know to whom you report within the health care team or administrative chain of command when the limits of your authority have been met?

If you have any questions, please contact CNPS at **1-800-267-3390** or visit our website at **www.cnps.ca**.

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1. Saskatchewan Registered Nurses' Association, "The Practice of Nursing: RN Assignment & Delegation," 2004, online: [http://www.srna.org/images/stories/pdfs/nurse\\_resources/2004\\_RN\\_assignment\\_delegation.pdf](http://www.srna.org/images/stories/pdfs/nurse_resources/2004_RN_assignment_delegation.pdf) (accessed July 20, 2011) and College of Nurses of Ontario, The Standard of Care, "Practice Guideline: Authorizing Mechanisms," 2011, online: [http://www.cno.org/Global/docs/prac/41075\\_AuthorizingMech.pdf](http://www.cno.org/Global/docs/prac/41075_AuthorizingMech.pdf) (accessed December 2, 2011).
  2. *Granger (Litigation guardian of) v Ottawa General Hospital*, [1996] OJ No 2129 (QL) at para 86 (Ont Gen Div).
  3. *Ibid* at paras 83-88.
  4. Institute for Health Care Improvement, "SBAR Technique for Communication: A Situational Briefing Model," online: <http://www.ihc.org/knowledge/Pages/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.aspx> (accessed October 13, 2011).
  5. Ethyllynn Phillips, "Managing Legal Risks in Preceptorships," *Canadian Nurse* 98, 9 (October 2002): 25-26. Also available at [www.cnps.ca](http://www.cnps.ca).

**Related infoLAWS of interest:** *Delegation to Other Health Care Workers, Telephone Advice*. Available at [www.cnps.ca](http://www.cnps.ca).

*N.B. In this document, the feminine pronoun includes the masculine and vice versa except where referring to a participant in a legal proceeding.*

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