Professional supervision guide

FOR NURSING LEADERS AND MANAGERS

Te Pou
do Te Whakaaro Nui
Overview

Nau te raurau        With your input
Naku te raurau       And my input
Ka ki te kete        The basket will be full.

Professional supervision is essential for clinicians who work within the mental health and addiction area. It allows space and time to reflect on practice, professional identity and to develop a wider view of the area that clinicians work in. It allows for the ‘extra’ vision, the wider view, that can occur when engaged with a professional supervisor, and reflecting on one’s work.

Professional supervision is a key enabler for Let’s get real (2008), a significant quality initiative for mental health and addiction services. Let’s get real is a Ministry of Health framework that defines the essential knowledge, skills and attitudes needed to deliver effective mental health and addiction services. Professional supervision helps mental health and addiction nurses embed an approach directly into their daily practice that is centred on service users.

Furthermore, in accordance with the Health Practitioners Competence Assurance Act 2003 mental health nurses are required to demonstrate that they are ‘competent and fit’ to practise and professional supervision is an integral part of this.

Three guides have been produced in this series. All guides are available on the Te Pou website.

- This Guide for Nursing Leaders and Managers helps leaders and managers implement professional supervision from an organisational perspective. It defines the responsibilities of the organisation and how professional supervision can be implemented within an organisation.
- The Guide for Nursing Supervisors is designed for more experienced mental health nurses who are either new to the role of supervisor, or are already supervisors but want a more technical understanding of their roles and responsibilities. This guide should be used to enhance supervision training.
- The Guide for Nursing Supervisees is designed for nurses who are new to supervision. It outlines key issues to be aware of when beginning your professional supervision relationship and how to participate in professional supervision. It identifies the different kinds of supervision. This guide may be useful to read before a training module.

All three guides are designed to assist with understanding and implementing the National Guidelines for the Professional Supervision of Mental Health Nurses in district health boards (DHBs), primary health organisations (PHOs) and non-governmental organisations (NGOs).

The National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses are available on the Te Pou website.

Anne McDonald, clinical project lead – nursing, Te Pou
Guide and *Let’s get real*

*Let’s get real: Real Skills for people working in mental health and addiction* (Ministry of Health, 2008) is a framework that describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services. *Let’s get real* does not replace professional competency frameworks; rather it complements them by having a specific focus on the essential skills and attitudes required for all people working in mental health and addiction services.

Professional supervision gives mental health and addiction nurses the opportunity to embed the service user centred approach of *Let’s get real* directly into their daily practice. Through contributing directly to service users’ outcomes, supervision can be a vehicle that brings about positive change.

**Guide design and development**

We would like to acknowledge that this resource for the mental health and addiction nursing sector was developed with the involvement of key people and organisations in the sector.

Te Pou formed a project group to develop a process of professional advice and review. Contractor and registered psychologist Beverley Burns created the concepts for the content for this guide, and facilitated a workshop with key nurses, who were identified as professional supervision champions by the National Directors of Mental Health Nurses.

The combined work – from the key project group, champions group and specific expert knowledge from Beverley – has created finished products we believe will make a significant contribution to professional supervision.

We would like to particularly acknowledge Beverley for her hard work, commitment, expertise and genuine desire to produce a guide that will enhance the implementation of the National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses in New Zealand.
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Nicola Prendeville, Hawkes Bay District Health Board
Donna Power, South Canterbury District Health Board
Paul Saunders, Canterbury District Health Board
Olive Redfern, Whanganui District Health Board.

Note: All DHBs were invited to provide representatives. Those DHBs that were not in a position to provide a representative at this time acknowledged that professional supervision is a priority area for them.
Supervision makes a huge difference to the quality of service provided by mental health clinicians, declares service user Claire Moore, team leader of Partnership-Evaluation-Recovery (PER) at Counties Manukau District Health Board (DHB).

As team leader of a unique consumer evaluation team, Claire’s current role focuses on service development and quality improvements across clinical mental health services at Counties Manukau. Her role places her in a unique position to gain insight into what works well for all stakeholders; clients, families, other agencies and particularly clinical staff, and she is a strong advocate for professional supervision.

In Claire’s experience, clinicians who undertake regular supervision are better supported in their roles to be more reflective, which can lead them to be more considered and less judgmental.

“Good professional supervision is an activity where a clinician has to take some accountability for the way they have been working. Good supervision may challenge beliefs about stigma and discrimination associated with mental illness, and may assist the staff to think outside the square in relation to the care of some clients.

“Becoming more creative in the care of clients may remove some barriers to recovery. Mental health staff have great opportunities to make a real difference in people’s lives and good supervision can assist in this process.”

The quality of the supervision also plays an important part in reducing or removing barriers within the service, adds Claire.

“Good professional supervisors will challenge whether clinicians are working in a recovery focused way, especially if Let’s Get Real is embedded as key elements of the supervision session. Good supervisors will also focus on identifying a clinician’s strengths and needs and provide developmental learning and modelling around the way the mental health service expects them to work with the clients. This is all beneficial for clients,” says Claire.

She also notices that a work environment providing regular supervision is more likely to be perceived by clinicians as an environment that is supportive of their professional development and understands their workplace environment.

Claire herself receives supervision from a nurse educator, with a mental health nursing background, and has found her supervisor’s knowledge of the functions of clinical mental health services incredibly helpful. Her supervisor also provides a different insight into the perspective of clinical staff.
“This enables me to have greater understanding regarding the people and the organisation that I endeavour to influence to achieve better outcomes for the clients.”

Claire feels clinicians could also gain a lot from professional supervisors with service user backgrounds.

“It would help clinicians gain more understanding of the service user perspective; just as having a supervisor with a mental health nurse background has helped me to understand the clinical perspective.”

Claire only started having supervision herself four years ago because group supervision was already embedded in her consumer evaluation position when she came to work at Counties Manukau District Health Board. She found the first session a nerve-wracking experience because she wasn’t sure how her work experiences would be perceived by the supervisor.

“I soon came to realise there was a lot of support for the way that I experience my work environment through my supervisor and the process of supervision.”

The fact that supervision was available to her also proved a strong level of support from the DHB for her position, she adds.

Supervision is something she now encourages for everyone working in mental health, including the two members in her team who have regular group supervision.

“I choose to have both individual and group supervision. I also have a choice about who supervises me and that is great. I have mentors too – it all helps.”
10. How do we implement professional supervision across a team and/or organisation?
   i) Appoint a stakeholders’ group
   ii) Conduct an organisational audit
   iii) Establish a vision and framework for implementing professional supervision
   iv) Appoint a portfolio holder/coordinator
   v) Appoint a small task force
   vi) Develop policy and procedures
   vii) Build belief in professional supervision
   viii) Develop a training plan
   ix) Support for supervisors
   x) Get started
   xi) Ongoing review
   xii) Develop sustainability

11. Useful resources

12. References
Professional supervision is a no brainer to Michael O’Connell, clinical nurse director of Mental Health at Lakes District Health Board (DHB). He attends supervision, is a supervisor and tries to ensure his staff also receive quality supervision.

The greatest benefit of professional supervision is that the process helps supervisees to critically reflect and manage the vastly changing dynamics between themselves and their clients, says Michael.

“Professional supervision effectively becomes a bridge between the continuing complexity of the health practice world and the need for individuals to have professional clarity around how to practise safely and in the best interest of each client. Supervision helps clarify and unpack the clinical messiness that may limit the quality of the relationship we have with every client,” he explains.

Yet Michael says many staff do not understand how supportive and productive it is to regularly meet with a supervisor; a relationship he describes as probably the most important you can have in your workplace.

“This relationship provides the opportunity for a structured and confidential discussion where you can explore your own professional challenges, concerns and strengths outside of a line management relationship and with the confidence that your clinical supervisor is there to listen, support and guide you toward a solution or outcome.”

In his experience it is often midline managers that are either the gatekeepers or facilitators of clinical supervision.

“Managers need to recognise that the possible inconvenience of releasing staff for professional supervision is well balanced against the support and help their staff will gain to function effectively in the health care environment.”

There still remains some confusion about ‘supervision’ from managers who feel they are already providing a form of supervision to their staff, says Michael.

“The confusion exists because of the mistaken belief that line supervision and professional/clinical supervision are the same or similar when they are quite different. A line supervision relationship has a managerial component and an unequal power relationship. Clinical/professional supervision is power neutral; about critical reflection about oneself and one’s practice in the context of the therapeutic relationship.”

He says professional supervision is delivered best within organisations that show commitment to the
concept by acknowledging its strategic importance through robust policies and procedures; outlining what it is, why it is needed, where it should occur and who should have it.

“An organisational ‘buy in’ to implementing clinical supervision should involve senior management, line managers and supervisors committing to clinical supervision as part of the organisation’s culture.”

Advocacy of professional supervision in larger organisations should include a commitment to developing and supporting a core of trained supervisors, adds Michael.

“Why? Because managers then know their frontline clinical staff are getting professional support that enables them to critically reflect on their own practice and therefore fulfill their roles.”

Michael is currently involved in walking that talk with a plan to get a supervision training programme off the ground at Lakes DHB.

“Around 90% of staff access supervision here so over the last three to four months we have been developing a training programme to prepare for more supervisors.”

The working group hopes to have the programme in operation next year. As well as supervisor training, the intention is to also run half-day workshops for supervisees to prepare them to make the most of clinical supervision opportunities. This will include a discussion about reflection, explains Michael.

“Everyone knows the word ‘reflection’ but I believe we make far too many assumptions about people’s ability to reflect at the level required to prompt change. Critical reflection requires a deeper unpeeling of experiences.”

A unique aspect is that the programme will operate across the hospital staff, including other nurses, psychologists, occupational therapists and social workers, as well as mental health nurses.

Michael prefers to call a supervision session ‘professional’ supervision rather than ‘clinical’ because he sees supervision as encompassing clinical practice and anything else that impacts on your ability to practise effectively as a clinician.

“This could be a client relationship, or relationships with your peers or team, or issues around how teams make decisions. Around 80 per cent of the people I supervise typically want to discuss relationship issues.”
2. How do supervisees, supervisors and the organisation benefit from professional supervision?

The benefits for supervisees are likely to include the following.
- Better outcomes for the service users they work with.
- Better collegial relationships.
- An opportunity to reflect and link their knowledge and practice.
- Increased confidence.
- Increased satisfaction.
- Skill development.
- Greater awareness and understanding.
- Reduced stress.

The benefits for supervisors are likely to include the following.
- Involvement in a rewarding process.
- Development in professional supervision skills.
- Development in professional and clinical work skills.
- Greater ethical awareness in their own practice.

The benefits for an organisation are likely to include the following.
- Better service user outcomes.
- An increase in staff retention.
- An increase in staff morale and satisfaction.
- A decrease in staff turnover and absenteeism.
- A process to assist supervisees to adhere to their respective codes of ethics.
- Maintenance of requirements for competence.

Handy hint

While the empirical evidence regarding the benefits of professional supervision is small it is growing.

Expert opinion and experience indicates the value of professional supervision for supervisees, supervisors, the organisation and service users.

"Supervision enables supervisees to learn and flourish."

Hawkins & Shohet, 2009 p.95
3. What is professional supervision?

Defining the term professional supervision ensures a common understanding and clarity.

The Ministry of Health (2006) defines professional supervision as:

“A formal process that provides professional support to enable practitioners to develop their knowledge and competence, be responsible for their own practice, and promote service users' health, outcomes and safety.” (page 22).

McKenna, Thom, Howard and William (2008) added the following to further extend and clarify the practice of professional supervision.

“This involves time away from the practice environment to meet with an experienced practitioner of their choice to engage in guided reflection on current ways of practising.” (page 2).

McKenna, Thom, Howard & William, 2008

Other nursing writers define professional supervision as the following.

“Regular, protected time for facilitated, in-depth reflection on clinical practice. It aims to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development. The supervisee reflects on the part she plays as an individual in the complexities of the events and the quality of her practice.”

Bond & Holland, 2001

Health professionals from psychology, counselling and social work define professional supervision similarly.

“Supervision is gathering the treasurers of the past into the competencies of the present for the wellbeing of the future.”

Michael Carroll, 2010

“Supervision is a working alliance between a supervisor and a worker or workers in which the worker(s) offer an account of their work, reflects on it, receives feedback and guidance if appropriate. The object of the alliance is to enable the worker to gain in ethical competency, confidence and creativity to give the best possible service to clients.”

Inskipp & Proctor, 1995

“Supervision interrupts practice. It wakes us up to what we are doing. When we are alive to what we are doing, we wake up to what it is, instead of falling asleep in the comfort stores of our clinical routines and daily practice … The supervisory voice acts as an irritator interrupting repetitive stories (comfort stories) and facilitating the creation of new stories.”

Sheila Ryan
These definitions have a number of common elements. This will mean professional supervision will be the following.

- Focused on the wellbeing of service users and whanau.
- Focused on providing effective innovative service delivery focused on safety.
- A facilitative and structured process driven by a supervisee's needs.
- A process that occurs throughout a nurse's career.
- An opportunity for reflection and learning.
- Supportive of the supervisee's personal and professional development.
- Empowering, building a supervisee's confidence and self-esteem.
- Providing an oversight of practice.
- Regular and occurring throughout a supervisee's career.
- A confidential process.
- A facilitative and structured process.
- Driven by a supervisee's needs.
- The responsibility of all parties to initiate and engage in.
- Strength focused and aimed at building supervisee's practice skills and awareness of practice.

"Good supervision is transformational."

Michael Carroll, 2010
Framework for understanding the tasks of professional supervision

Inskipp & Proctor (1995) and McKenna et al (2008) suggest a three category framework to help with understanding the tasks of professional supervision.

A. Educative/Formative function focuses on developing the skills, understanding and abilities of supervisees.

This means a supervisor and supervisee will do the following.
- Understand how a supervisee learns.
- Identify their training needs and set goals to meet these training needs.
- Identify and develop attitudes, skills and knowledge of the supervisee related to their work.
- Develop nursing skills and competencies.
- Explore a supervisee's cultural background and the impact this may have on their practice.
- Link theory to practice.
- Develop critical self-reflection.
- Develop innovative and creative practice.
- Understand and apply the seven Real Skills [of Let's get real].
- Discuss and problem-solve specific aspects of a supervisee's work.

B. Administrative/Normative function focuses on developing the understanding of the professional and ethical requirements of a supervisee's practice.

This means a supervisee and supervisor will do the following.
- Be clear about their roles and responsibilities with service users and the organisation.
- Manage the workload commitments of a supervisee.
- Plan work both specifically with individual service users and overall.
- Examine ethical decision-making and understanding.
- Link practice to ethical and professional codes and standards.
- Relate the organisational policies and processes to a supervisee's practice.
- Take a professional approach to all aspects of a supervisee's work – planning, documentation, interaction with service users and colleagues.

C. Supportive/Restorative function focuses on developing the ability of a supervisee to cope with the emotional effects of their work.

This means that a supervisee and supervisor will do the following.
- Work to establish a safe environment for professional supervision.
- Allow a supervisee to express and explore their emotional reactions to their work.
- Examine ways to support and encourage a supervisee in their work.
- Monitor a supervisee's stress and overall health.
- Consider ways to improve a supervisee's wellbeing.
- Explore the attitudes, values and beliefs of a supervisee as these relate to their work.
- Manage conflict and other difficult or distressing situations that may arise.

“Supervision is the bridge between what you are currently doing and what you have the capacity to do.”

Ask & Roche, 2005
4. How does cultural competence fit with professional supervision?

Professional supervision is one of a number of ways of developing cultural competence. In this context, cultural competence involves understanding the perspectives of people who are of a different cultural group than that of a supervisee. This encompasses ethnic, gender, religious, sexual identity, ability and age diversity. Competence in this area is critical to providing culturally safe and effective mental health and addiction nursing and therefore improving outcomes for service users (Ministry of Health, 2006).

Specific forms of cultural supervision include the following.

**Kaupapa Maori Supervision**
- McKenna et al (2008) note that it is “imperative” that nurses who identify as being Maori are “supported, nurtured and encouraged to continue to develop and integrate their clinical and cultural skills”. (page 9).
- This form of supervision may occur at the same time as a supervisee’s professional supervision and may be provided by a Maori nurse, Kaumatua or Kuia who understands the Maori dimensions of wellbeing.

**Pasifika Supervision**
- In the same way, a Pasifika nurse may choose a supervision relationship with someone from their own culture to discuss the relationship between their clinical and cultural life and the impact this may have on their work with service users and in teams. This form of supervision may occur at the same time as professional supervision.

These models may be useful for nurses from other non-dominant ethnic groups as well as nurses from other cultural groups. For example, a gay nurse may choose a cultural supervision relationship with someone from their cultural group to discuss the relationship between their practice and cultural life and the impact this may have on their work with service users and in teams. This form of supervision may occur at the same time as professional supervision.

Cultural competence is addressed in professional supervision. A supervisee needs to develop an appreciation of cultural diversity in New Zealand, and an understanding of their own culture and impact they may have on service users and team members.

In order to understand and develop an appreciation of cultural diversity in New Zealand, a supervisee and their supervisor will consider:

(a) **How a supervisee understands their own culture and the impact this may have on others. They may discuss and reflect on the following questions.**
- What are the cultural values and practices of the supervisee?
- How have these been developed?
- What influenced these values?
- How do these values and practices influence their work with service users and colleagues?
- What biases/prejudices do they hold?
- How might a service user or colleague perceive them?
(b) Develop an awareness and knowledge of bicultural aspects of Aotearoa New Zealand. A supervisee and their supervisor may discuss and reflect on the following topics.

- Why it is important to understand biculturalism in Aotearoa New Zealand.
- How this relates to a supervisee's practice.
- Develop an understanding of the broader historical context for Maori, loss of their language and a colonisation and the impact on Maori today.
- Reflect on the specific aspects of an interaction between a service user and supervisee.

A supervisee may choose to seek specific cultural supervision and/or advice from an expert to supplement professional supervision.

(c) Develop an awareness and knowledge of other cultural groups in Aotearoa New Zealand. A supervisee and their supervisor may discuss and reflect on the following aspects of culture.

- The interaction of cultures between the supervisee, the service user they are engaged with and the supervisor, and how this may impact on service delivery.
- A supervisee may choose to seek cultural advice from an expert and develop links with relevant community groups to supplement their professional supervision.

"Supervision can create a space for a clinician to walk in two worlds."

Monique Faleafa, 2008

5. Who should receive professional supervision?

Professional supervision is for all clinical practitioners, especially qualified mental health and addiction nurses. This includes all levels of nursing management and clinical leadership.

"Supervision is supervisee-led."

Ask & Roche, 2005
6. How is professional supervision different from other professional development activities?

Clinical supervision and professional supervision are terms used interchangeably in practice and in the literature, causing some confusion.

- Clinical supervision is a term used to describe supervision focused on the supervisee's clinical practices.
- Professional supervision is a more inclusive term describing a practice that incorporates all aspects of a supervisee's role – clinical, academic, management and leadership.

Activities such as line management supervision, preceptorship, mentoring, coaching and performance management complement professional supervision.

- They are similar in that the overarching goal is a supervisee's development, and developing good outcomes and effective service for service users.
- Their differences lie in the purpose, function and nature of the interaction and relationship between the parties involved.

Management or line management supervision is aimed at developing and providing an effective service for service users. In order to do this, a manager is responsible for determining the relationship with their staff, setting the agenda of that relationship and monitoring their performance to meet goals. It is a hierarchal reporting organisational process.

Preceptorship is educative and is aimed at facilitating the transition from student to newly qualified practitioner. While the agenda of this relationship is determined by the practitioner, the preceptor is likely to be appointed to their role and the duration of the relationship is time limited.

Mentoring is to provide guidance and support for a nurse. This relationship is voluntary and informal. The mentor is selected by the staff member who determines the agenda of the relationship.

Coaching is to teach a specific skill or skills relevant to a nurse's work. It is likely to be a short-term goal-directed relationship and may be initiated by a manager or practitioner.

Performance appraisal evaluates a nurse's work performance and sets goals for the following year. It is a structured organisational process that both a nurse and their manager engage in.

Clinical/caseload review focuses on service users' defined problems, is aimed at treatment and involves each person in the multi-disciplinary team.

Professional supervision is to develop professional competency of a supervisee. It is a facilitated reflective process aimed at developing an effective practitioner. The content is driven by a supervisee's needs and occurs within the context of a sustained confidential relationship.

Handy Hint

There are a number of situations in both a supervisee's and supervisor's daily work life that may seem like professional supervision – conversations with a colleague about a case, attending a workshop or conference, or consulting with someone with specialist knowledge. These situations are useful as part of work experience providing support knowledge and advice. They are not professional supervision and do not replace the professional supervision process. They do not meet the three functions of professional supervision – educative, administrative, supportive.
7. What are the expectations of professional supervision?

Professional supervision is the following.
- About providing a better service to service users.
- Appropriate to the culture of the supervisee and that of the service users they work with.
- A formal structure relationship with a contractual agreement.
- Appropriate to the career stage of the supervisee.
- Safe and non-judgmental.
- Occurs at least monthly for 1 to 1.5 hours at a time.
- Individualised and focused on the supervisee’s work and development.
- Focused on developing skills in all aspects of the supervisee’s practice.
- About learning.
- Supportive and strength focused.
- Reviewed annually.
- Constructive.
- Compassionate.
- Challenging.
- Respectful and honest.
- Supported by colleagues and management.
- A clear process where the roles and responsibilities of all parties (supervisee, supervisor and the manager) are defined.
- Confidential.
- Ethical.

**Handy Hint**

Professional supervision is not a remedial oversight for nurses whose practice has been assessed as impaired.

"Supervision is keeping the world light."

Interviewee, Te Pou National Guidelines, 2008
8. What types of professional supervision are there?

The following table describes and outlines types of professional supervision. The organisation’s professional supervision policy will state their preferred type of professional supervision.

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<tr>
<th>Format of professional supervision</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Best for</th>
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<tbody>
<tr>
<td>One to one</td>
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</table>
| • Internal to the supervisee’s team | • Focus on individual supervisee  
• Context and specifics of job well understood  
• Service issues dealt with readily  
• Socialise into the profession  
• Policies and processes understood | • Difficulty in ensuring adequate resources: sufficient trained supervisors, cost and time  
• Total reliance on self-report  
• Issues with dual relationships  
• Only one other perspective  
• Possible power imbalance  
• Potential for multiple/dual relationships | • Ideally suited to newly qualified supervisee |
| • External to the supervisee’s team but in same organisation | • Focus on individual supervisee  
• Context and specifics of job understood  
• Socialise into the profession  
• Service issues may be dealt with  
• Policies and processes understood | • Difficulty in ensuring adequate resources: sufficient trained supervisors, cost and time  
• Total reliance on self-report  
• Supervisor may not understand dynamics and procedures in your team  
• Only one other perspective  
• Potential for multiple/dual relationships | • Ideally suited to newly qualified supervisee |
| • External to the supervisee’s organisation | • Perceived greater safety  
• Supervisee may find disclosure easier  
• Focus on individual supervisee  
• Less chance of dual/multiple relationships | • Cost (financial and travel)  
• Supervisor may not understand dynamics and processes of organisation/team  
• May be difficult if issues arise about performance and service user’s safety  
• Could lead to collusion | • Ideally suited to practitioners with some experience |
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<th>Format of professional supervision</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Best for</th>
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<td><strong>Peer one to one</strong></td>
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<td>• Shared role supervisee/supervisor</td>
<td>• Can become too comfortable</td>
<td>• Ideally suited to experienced practitioners only</td>
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<td>• Safe and trusting relationship</td>
<td>• May not be sufficiently challenging</td>
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<td>• Self-selected</td>
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<td><strong>Group</strong></td>
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<tr>
<td>• Peer Group</td>
<td>• Non-hierarchal</td>
<td>• Can become social resulting in less learning</td>
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<td>• Cost-effective</td>
<td>• Can be hijacked by group dynamics</td>
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<td>• Less threatening</td>
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<td>• Opportunities to learn</td>
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<td>• Learning enhanced by different perspectives</td>
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<td>• Can build sense of belonging</td>
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<td>• Facilitator led</td>
<td>• Can lead to increased motivation to learn</td>
<td>• Can be unsafe at a personal level</td>
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<td>• Can build a sense of belonging</td>
<td>• Significant issues related to self not discussed</td>
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<td>• Learning enhanced by different perspectives</td>
<td>• Difficulty staying on task and time</td>
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<td>• Tendency to be too supportive</td>
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<td>• Technology, Skype, email, telephone</td>
<td>• May reduce inhibitions</td>
<td>• Dynamics of supervision relationship could be affected</td>
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<td>• May reduce inhibitions</td>
<td>• Will solve problems of access/isolation</td>
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<td>• More relaxed</td>
<td>• Allows for immediate response</td>
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<td>• Allows for immediate response</td>
<td>• Best if combined with fact-to-face</td>
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<td>• Best if combined with fact-to-face</td>
<td>• Tendency to be too supportive</td>
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<td>• Cross-discipline</td>
<td>• Useful for further specialist knowledge</td>
<td>• Ideally suited to more experienced practitioners</td>
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<td>• Can help when geographically isolated</td>
<td>• Specifics related to professional discipline may not be known and understood</td>
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<td>• Supports multi-disciplinary team (MDT) approach</td>
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**Handy Hint**

One to one professional supervision is the most common form of professional supervision.
- Usually it is internal or external to the supervisee's team but within their organisation.
- Engaging in more than one type of professional supervision can be valuable for the supervisee.
- The right format for a supervisee will depend on his or her work role, experiences, cultural background and values, where they are in their career and even the location of his or her service.
9. What are the responsibilities of management and clinical leadership?

Managers and leaders responsibilities include the following.

- Attending their own supervision.
- Explicitly supporting professional supervision.
- Establishing the policies and procedures to support professional supervision.
- Ensuring the policies and procedures set out the purpose, process, expectations, limitations, roles and responsibilities of each party.
- Consulting all stakeholders in the development of these policies and procedures.
- Understanding the principles and processes of professional supervision.
- Attending introductory professional supervision training.
- Contributing to a professional supervision strategy.
- Building belief in professional supervision.
- Developing procedures to monitor compliance with policy and procedures.
- Developing processes to review professional supervision.
- Developing a matrix of how all professional development activities fit together.
- Identifying and resolving barriers to staff attending professional supervision.
- Developing procedures for recruiting and selecting supervisors.
- Developing options for professional supervision that are culturally appropriate for supervisees and the service users they work with.
- Developing procedures for choice and matching of supervisors and supervisees.

Knowing the supervisee's professional body's requirements and expectations for professional supervision.

“Supervision is the worker's most important relationship.”

Morrison, 2001
10. How do we implement professional supervision across a team and/or an organisation?

The following framework provides a road map to the introduction and sustainability of professional supervision in an organisation.

i) Appoint a stakeholders’ group

- Membership would include every level of organisation, service users, cultural groups, champions of professional supervision.
- The purpose is to assess the current position of professional supervision and develop an implementation plan.

ii) Conduct an organisational audit of current professional supervision processes and opinion

- The focus of the audit should be on what is working and why and celebrating development so far.
- The audit is likely to comprise the following:
  - Review of organisational documentation.
  - Review of relevant professional documentation/regulations.
  - Survey of all staff.
  - Targeted interviews with key personnel.
- The audit will address the following:
  - Frequency, timing and duration of attendance at professional supervision.
  - Who and what level of staff are attending professional supervision.
  - Who the supervisors are, at what level and whether internal or external to the team or organisation.
  - What information on professional supervision is available and how this is accessed by staff.
  - How professional supervision is monitored.
  - What works/does not work about the monitoring system.
  - Access to training in professional supervision – details and description of this training for supervisors and supervisees.
  - Number of staff who have attended training.
  - The link between professional supervision and other professional development activities.
  - Current policy and processes.
  - What works/doesn't work with the policy and procedures.
  - The current funding/support for professional supervision.
  - The unspoken rules/expectations around professional supervision.
  - Current process for reviewing professional supervision.
  - The factors that support professional supervision within the organisation.
  - The barriers to professional supervision within the organisation.
  - How cultural requirements of supervisees and the service users are currently met in professional supervision.
  - The support and energy for professional supervision.
iii) Establish a vision and framework for implementing professional supervision

The information obtained in the audit will inform a project plan outlining the vision and framework. This plan is likely to include the following:

- Statement linking professional supervision and quality service for service users.
- Statement of intent or vision outlining the goal for the team or organisation.
- The management and clinical leadership support for professional supervision.
- The governance process for supporting the implementation and sustainability of professional supervision.
- A timeframe for introduction and implementation.
- The process for implementing professional supervision given the relevant contextual issues.
- The resources required.
- The positioning of a portfolio holder/coordinator and the support she or he requires.
- Strategies for addressing identified barriers.
- Consultation process for staff.
- A model linking all professional development activities delineating their different functions and processes.
- A cultural supervision plan outlining the links between cultural and professional supervision.
- The broad parameters of professional supervision – internal versus external and for whom, individual versus group, timing, frequency, access to training.

iv) Appoint a portfolio holder/coordinator

- Allocate sufficient time for the position (relevant to size or team/organisation).
- The portfolio holder will implement, develop, monitor and evaluate professional supervision.
- It is likely this person will be the following.
  - An advanced practitioner.
  - A senior level appointment.
  - Extensively experienced in professional supervision.
  - Well-regarded within the organisation.
  - The holder of tertiary qualifications in professional supervision.
  - Aware of change management processes.
- S/he is likely to be involved in and responsible for the following.
  - Developing policy and process.
  - Monitoring professional supervision across the team or organisation.
  - Developing strategies to support a culture of professional supervision.
  - Developing strategies to manage the barriers.
  - Establishing a professional supervision training plan.
  - Developing review processes.
  - Supporting problem-solving/solving problems as presented by individual professional supervision dyads.
  - Developing an effective/useful database and matching process for supervisees and supervisors.

v) Appoint a small task force

- To support the portfolio holder in implementing professional supervision.
- The membership is likely to include senior level practitioners, champions of professional supervision, service users and cultural representatives.
vii) **Develop policy and procedures**

- The purpose of policy development is to:
  - develop specific, concise and clear policy to guide professional supervision practice
  - engage all stakeholders and build belief in the practice and process of professional supervision.
- Critical features of the process of developing the policy and procedures are to:
  - include all relevant stakeholders
  - take time to discuss and consult
  - work with issues/barriers/tensions
  - have a time-limited structured process with a clear outcome.
- While each organisation will develop a policy specific to their context, it is likely that this policy will include:
  - an overview detailing purpose and function
  - key principles and values underpinning professional supervision
  - definitions of professional supervision
  - link to other professional development activities
  - types of professional supervision
  - minimum requirements of content and conduct including frequency, timing, venue
  - criteria for selection of supervisors
  - matching process for supervisors and supervisees
  - roles and responsibilities (supervisee, supervisor, line manager, clinical leader and the organisation)
  - parameters of confidentiality
  - training requirements for supervisees and supervisors
  - procedures for record-keeping and the status of those notes and reporting expectations
  - review process
  - associated documents – legislation and regulatory
  - methods for resolving conflict or breakdown in process
  - appendices containing templates to assist in getting started
  - explicit statements regarding relationship between professional supervision and appraisal
  - clear statements of how to manage poor performance.

vii) **Build belief in professional supervision by the following**

- Engaging/consulting staff in the development of professional supervision, strategy, policy development and process.
- Placing professional supervision on the agenda of senior management meetings and staff meetings.
- Developing brief ‘sound bites’ of information about professional supervision for distribution to all staff.
- Designing posters promoting professional supervision.
- Sourcing relevant journal articles and books and making these readily available to staff.
- Ensuring all nurses have access to the National Guidelines for the Professional Supervision of Mental Health and Addiction Nurses (2009).
- Developing change processes so that resistance or barriers to professional supervision are acknowledged but not confronted.

**Handy Hint**

People need time to think through possible changes. This will allow an opportunity to react, understand the reasons for change and then adapt.
viii) Develop a training plan for management, clinical leadership, supervisees and supervisors

A multi-level training plan to support the implementation and sustainability of professional supervision would include the following.

- Consultation with the organisation's learning and development team regarding the logistics and support required to implement regular training.
- A general introduction to professional supervision for all new staff during induction.
- General introduction to professional supervision course for management who may not have access to the supervisee/supervisor courses.
- Supervisee training that focuses on teaching specific skills.
- Supervisor training that is in-depth, practical, skills-based, and linked to the theory of professional supervision that underpins practice.
- At least biannual refreshers and updates for supervisors.
- Additional courses may need to be developed, for example, one focused on supervising students or one on teaching the skills of group supervision.
- Advanced supervisor training for all supervisors to further develop an understanding of the dynamics of professional supervision, management of emotion, and specific framework and learning strategies.
- Advanced supervisor training for those practitioners wanting to become experts in professional supervision. These courses may be accessed through polytechnics and universities.

Core content areas of introductory training for supervisors and supervisees is likely to include the following.

- Roles and functions of all parties.
- Learning theory.
- Definitions, models and functions of professional supervision.
- Supervision methods, techniques and interventions.
- Supervision relationship dynamics.
- Cultural competence development in supervision.
- Ethical issues in supervision practice as well as in clinical practice.
- Evaluation and review.
- Supervisor self-assessment.

Critical elements of the introductory and advanced training for supervisees and supervisors include the following.

- A focus on developing self-awareness, attitudes, values, behaviour in relationships.
- Teaching the theory of professional supervision as is relevant to the practice.
- Having experiential focus where foundation skills are specifically taught and practised.
- A methodology which includes role plays, modelling, review of practice, work in triads, feedback, case studies, stories and reflections.
- Support for the organisation's policy and procedures.
- An evaluation process to assess participant's development.
- Facilitators who model appropriate supervision behaviour and provide a setting which is warm and open, allowing participants to explore strengths, experiences and fears or vulnerabilities.
- Facilitators who are experienced supervisors.
ix) **Support for supervisors**
- Ensure all supervisors are supervised so they have the opportunity to reflect on the learning from courses and their practice.
- Develop supervisor groups to support new supervisors and to assist them in implementing the new learning. Groups are likely to be between four and six in size and may be led by a peer or skilled group leader who is experienced in professional supervision.

x) **Get started**
- The implementation and sustainability of professional supervision is complex and can be fraught with difficulties. For this reason, begin where professional supervision has the strongest support and build from there.

**Handy Hint**

Training supervisees means they come to professional supervision ready to participate.

*Interviewee, Northland Pilot, 2008*

xi) **Ongoing review of professional supervision**

The development of professional supervision practice and policy in the organisation is a continuous process. Ongoing review of this process occurs on a number of levels.

**Monitoring**

Monitoring is an organisational tool to ensure professional supervision occurs. Monitoring tools may include:
- supervision agreement
- attendance record
- general feedback to management and during a performance appraisal.

**Supervision Dyad Review**

A review provides the participants in the supervision relationship the opportunity to review the content and process and to make changes to these. Review tools may include:
- Informal review at the conclusion of sessions
- Supervision session evaluation using an organisational template
- Supervision evaluation forms completed by a supervisee
- Self-evaluation by supervisees and supervisors
- A supervision report completed by both the supervisor and supervisee.
- Formal annual face to face review in sessions.
Annual Review

An annual review process provides information to the organisation and the participants on the current practice of supervision. It allows for a comparison to the initial audit and subsequent reviews providing measures of development. The information obtained should lead to changes in policy, training guidelines and actual practice.

- An evaluation is likely to include the following.
  - Frequency, time, and venue of sessions.
  - Satisfaction with professional supervision.
  - Impact on work with service users and service delivery.
  - A description of training and number of participants.
  - Identification of the numbers of participants who subsequently engage in professional supervision.
  - Specific examples/descriptions of effective supervision.
  - Identification of barriers to professional supervision.
  - Identification of supports for professional supervision.

- Other more general organisational measures may be considered, such as the following.
  - Frequency of complaints.
  - Uptake of professional development activities.
  - Sick leave days taken.
  - Staff turnover.
  - Measures of stress in staff.

xii) Develop sustainability of professional supervision

Professional supervision is most likely to be sustained in an organisation where the implementation process has been carefully designed, monitored and occurs across the organisation. The steps outlined above will assist with this.

Handy Hint

Supervision training will be most effective when it is part of a strategic plan to develop a learning culture.
11. Useful resources


12. References


Health Practitioners Competence Assurance Act 2003.


