Professional supervision guide

FOR NURSING SUPERVISEES
Overview

Nau te raurau
Naku te raurau
Ka ki te kete.

With your input
And my input
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 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.
- 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 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.

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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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.”
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1. Profile: Introducing Renee Coyle

Renee Coyle  NEW GRADUATE NURSE

Before starting supervision in February 2010, Renee didn’t really know anything about supervision – now she couldn’t imagine nursing without it.

“Supervision helps you see problems and issues from a different perspective. It gives you the chance to reflect on the good and the bad. It is a place to debrief and get closure and then take experiences forward in a positive way for your clients. It has also helped me work more effectively in the team environment and develop skills of compromise,” says Renee.

Supervision became part of Renee’s nursing life when she began her new graduate nursing role at Community Alcohol and Drug Services (CADS). Involvement in supervision was expected by both CADS and the new graduate programme. Renee took part in two types of supervision over her first year – individual sessions through CADS and group supervision through the new graduate programme.

Her fortnightly internal individual supervision was with the nurse educator at CADS, while the group supervision involved three other new graduate nurses and an external supervisor. Both options met different needs, says Renee.

“In group supervision you hear about other people’s experiences, problems and practice, so you get to reflect on how other people may tackle something differently to you and that helps you come up with new ideas and solutions.” Renee adds that sharing experiences with four other people in a confidential situation outside the workplace was very helpful and supportive.

“It is easier to discuss some things with people who don’t work in the same environment, and we had a good trusting relationship with each other.”

When needing to discuss clinical problems and career pathways she found individual supervision was a better vehicle.

“My individual supervisor was also great with helping me deal with [any] conflict because she knew the team and the organisation so well. She gave me good ideas on conflict resolution and helped my confidence to approach people.”

The group supervision always started with the supervisor asking if anyone had anything to share, explains Renee, hastening to add that there was no obligation to do so.
“If no one had anything to share, she would ask us to describe an enjoyable recent clinical experience at work and expand from there so it was sometimes more of an affirming experience that reflected on the good and not just negatives.”

The subject of support in the workplace was discussed by the new graduate group, including brainstorming ways to mediate any potential problems.

**Supervision essentials**

Renee admits feeling nervous about starting supervision initially because she was unsure what to expect, but quickly realised supervisors are professionally trained to supervise.

“They are not there to pick you apart or assess you, but to support and help. I found it a very relaxed environment; a place where you can go and talk to someone much more experienced.”

It is critical to have a good relationship between you and your supervisor, says Renee. Your goals need to be clearly outlined to provide direction within sessions, and sessions need to be regular to avoid losing momentum around your goals.

“My supervisors helped me work my goals out. As a new nurse, it was about identifying areas in which I was a novice and looking at ways to develop in those areas.”

Renee adds that an hour was usually enough but if you were in a situation where you needed more, your supervisor could extend the time. “It is very flexible.”

Although the group supervision has ended, Renee is keen to continue with individual supervision next year.

“It is such a good way to have time out of your clinical area to reflect and discuss what is going on for you. It is also a good way to keep on track with your career development.”

“It is a place to debrief and get closure and then take experiences forward in a positive way for your clients.”

“It has helped me work more effectively in the team environment and develop skills of compromise.”
2. How will I benefit from professional supervision?

The benefits of professional supervision are likely to include the following.

- Better outcomes for service users.
- Better collegial relationships.
- An opportunity to reflect on and link your knowledge and clinical practice.
- Increased confidence.
- A feeling of satisfaction about your work.
- Greater awareness and understanding of how you do your work.
- Skill development.
- Reduced stress.

"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 treasures 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 that your professional supervision will be the following.

- Focused on the wellbeing of service users and their family/whanau.
- Focused on providing effective, innovative service delivery to the service users you are working with.
- Strength focused and aimed at building clinical and practice skills.
- Aimed at expanding your knowledge and ethical competence.
- An opportunity for reflection and learning on all aspects of your practice.
- Supportive of your personal and professional development.
- A facilitative and structured process.
- Led by you.
- Empowering, building your confidence and self-esteem.
- Regular and occurring throughout your career.
- A confidential process.
- Your responsibility to engage in.

“Good supervision is transformational.”

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

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

A. **Educative/Formative** function focuses on developing your skills, understanding and abilities.

This means you and your supervisor will do the following.
- Understand how you learn.
- Identify your training needs and set goals to meet these needs.
- Identify and develop your attitudes, skills and knowledge related to your work.
- Develop your nursing skills and competencies.
- Explore your own cultural background and the impact it has on your work.
- 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 specific aspects of your work.
- Problem-solve problematic issues.

B. **Administrative/Normative** function focuses on developing your understanding of the professional and ethical requirements of your practice.

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

C. **Supportive/Restorative** function focuses on developing your ability to cope with the emotional effects of your work.

This means that you and your supervisor will:
- Work to establish a safe environment for professional supervision.
- Allow you to express and explore your emotional reactions in relation to your work.
- Examine ways to support and encourage you in your work.
- Monitor your stress and overall health.
- Consider ways to improve your wellbeing.
- Explore attitudes, values and beliefs as they relate to your 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.

Cultural competence involves understanding perspectives of people who are of a different cultural group than your own as well as understanding the impact of these differences on relationships. The term culture 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” those 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 professional supervision and may be provided by a Maori nurse, Kaumatua or Kuia who understands Maori dimensions of wellbeing.

Pasifika Supervision

In the same way, a nurse who identifies as being Pasifika may choose a cultural supervision relationship with someone from their culture 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.

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.

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

Monique Faleafa, 2008

5. Who goes to professional supervision?

Professional supervision is for all clinical practitioners, especially qualified mental health and addiction nurses. This includes all levels of nursing management as well as your supervisor, your professional leaders and clinical managers.

“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 clinical practice.
- Professional supervision is a more inclusive term used to describe a practice that incorporates all aspects of a nursing role – clinical, academic, management and leadership.

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

- They are similar in that the overarching goal is your development and on 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, your manager is responsible for determining the relationship with you, setting the agenda of that relationship and monitoring 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 a process designed to provide guidance and support for you. This relationship is voluntary and informal. The mentor is selected by you and you will determine the agenda of the relationship.

**Coaching** is a process designed to teach you a specific skill or skills relevant to your work. It is likely to be a short-term, goal-directed relationship, and may be initiated by a manager or practitioner.

**Performance appraisal** evaluates work performance and sets goals for the following year. It is a structured organisational process that both you and your manager participate in.

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

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

**Handy Hint**

There are a number of situations in your 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 your work experience by 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.
7. What can I expect from professional supervision?

You can expect professional supervision to be the following.

- About providing a better service to service users.
- Appropriate to your culture and that of the service users you work with.
- A formalised relationship with a contractual agreement.
- Appropriate to your career stage.
- Safe and non-judgmental.
- Occurring at least monthly for 1 to 1.5 hours at a time.
- Individualised and focused on you and your work.
- Focused on your skills development.
- About your learning.
- Supportive and strength focused.
- Reviewed annually.
- Constructive.
- Compassionate.
- Challenging.
- Respectful and honest.
- Supported by your colleagues and management.
- A clear process where the roles and responsibilities of all parties (you, the supervisor, your manager and clinical leader) 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, 2009
8. What type of professional supervision is best for me?

The following table describes and outlines types of professional supervision.

Your organisation's professional supervision policy will state their preferred type of professional supervision.

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<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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| • Internal to your 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 your 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 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 |
### Format of professional supervision

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| Peer one to one                   | - Shared role supervisee/supervisor  
  - Safe and trusting relationship  
  - Self-selected                    | - Can become too comfortable  
  - May not be sufficiently challenging    | - Ideally suited to experienced practitioners only |
| Group                             | - Non-hierarchal  
  - Cost-effective                      | - Can become social resulting in less learning  
  - Less threatening                  | - Can be hijacked by group dynamics |
| Peer Group                        | - Can lead to increased motivation to learn  
  - Can build a sense of belonging      | - Can be unsafe at a personal level  
  - Learning enhanced by different perspectives | - Significant issues related to self not discussed  
  - Tendency to be too supportive             | - Difficulty staying on task and time  
  - Dynamics of supervision relationship could be affected |
| Facilitator led                   | - Will solve problems of access/isolation  
  - More relaxed                      | - Dynamics of supervision relationship could be affected | - Ideally suited to more experienced practitioners |
| Technology, Skype, email, telephone | - Best if combined with face-to-face  
  - Reduces inhibitions                | - Supports multi-disciplinary team (MDT) approach | - Ideally suited to more experienced practitioners |
| Cross-discipline                  | - Useful for further specialist knowledge  
  - Can help when geographically isolated  
  - Supports multi-disciplinary team (MDT) approach | - Specifics related to professional discipline may not be known and understood | |
Handy Hint

One to one professional supervision is the most common type of professional supervision in practice.
- Usually it is internal or external to the supervisee's team but within their organisation.
- Engaging in more than one type of professional supervision is beneficial to further increasing your confidence and competence.
- The best format for you will depend on your work role, experiences, cultural background and values, where you are in your career and even the location of your service.

"Supervisors are 'available, accessible, able and affable'".

Ask & Roche, 2005
9. What are my rights and responsibilities in professional supervision?

You have the right to:

- Be treated with respect and to be an equal partner.
- Have some choice in who will be your supervisor.
- Develop a contract with your supervisor outlining the purpose, function and process of professional supervision.
- Determine the agenda of professional supervision sessions and decide what aspect of issues to discuss.
- Confidentiality with exceptions relating to unsafe practice.
- Receive clear and constructive feedback.
- Be supported to attend professional supervision by management.
- Have your supervisor give your sessions priority, be punctual and ensure you have sufficient time to discuss items on the agenda.
- Private protected supervision time that is not interrupted.
- Discuss issues/concerns/vulnerabilities without judgment or criticism.
- End a professional supervision relationship when your needs are no longer met.

It is your responsibility to:

- Work to understand differences between yourself and your supervisor and the service users you work with (religious, ethnicity, age, gender, sexual orientation and disability).
- Initiate and seek professional supervision.
- Participate in any negotiations and decisions about your professional supervision – this includes the type of professional supervision and choice of supervisor.
- Participate in professional supervision fully, openly and honestly.
- Work to achieve an effective alliance with your supervisor.
- Prepare for professional supervision sessions.
- Participate and contribute to pre-supervision processes – developing a contract, initial meetings.
- Identify your learning and developmental needs (including nursing competencies such as Let's Get Real).
- Apply the learning in professional supervision to your practice.
- Raise ethical issues occurring in your practice.
- Give professional supervision times high priority and attend regularly and punctually.
- Be open to both challenge and reflection.
- Review professional supervision at least annually.
- Use the professional supervision time effectively.
- Give your supervisor clear and constructive feedback.

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

Morrison, 2001
10. What will my supervisor do?

Your supervisor will:
- Attend professional supervision training.
- Be supervised themselves.
- Facilitate your learning.

i) Strategies to facilitate learning

Your supervisor will facilitate your learning by using the following:
- Active listening skills – paying attention, verbally and non-verbally, understanding your perspective, and using silence so you can consider what to say next or reflect on the learning.
- Open-ended questions to help you self-reflect, learn and develop insight.
- Encouragement to discuss your strengths, achievements and successes.
- Positive feedback about your skill development.
- Support to understand any emotional reaction you may have to the work you do.
- Modelling and role plays to practise what you may do in a specific situation.
- Problem-solving strategies.

Your supervisor may also, but less frequently do the following.
- Give advice.
- Provide information and resources.
- Disclose an experience they have had that is relevant to your practice.
- Give specific instructions or tasks for you to complete.
- Challenge you to think about a situation differently.
- Observe (video/tape/actual) your work with service users.

ii) Specific strategies

Supervisors may use some specific strategies to assist your learning. Commonly used tools include:

**Problem Solving Spiral**  Bond & Holland (2001)

1. Define the problem
2. Pinpoint contributing factors
3. Establish priorities/goals
4. Establish a range of options
5. Decide on one option
6. Make a plan of action
7. Evaluate the outcome
Questions to help you reflect and explore each section of the spiral might be:

- Define the problem
  - Tell me what happened?
  - What do you think are the issues?
  - What concerns you the most?
  - What have you tried?

- Pinpoint contributing factors
  - What is contributing to this situation?
  - Who/what had the greatest impact?
  - Is there anything you don’t know?
  - What else do we need to know?
  - What might you have done to contribute to the situation? Anyone else?
  - Where should you start?

- Establish priorities
  - What were you hoping to achieve?
  - Has this changed? What can be achieved?
  - What might be realistic? What is most important?
  - In an ideal world, what would success look like?

- Establish a range of options
  - What have you tried?
  - What worked/didn't work?
  - What other options are there?
  - Let's think creatively, what might be some other options?
  - What might someone else come up with?
  - What would happen if you did nothing?

- Decide on an option
  - What will be most effective?
  - What will be the most difficult?
  - What will you find hardest to do?

- Make a plan
  - What will be your first step?
  - What will success look like?
  - What will your plan look like?
  - Whose help do you need?
  - When will you do …?
  - Who do you need to discuss this with?

- Evaluate
  - How much of the plan did you achieve?
  - What went well, less well?
  - What would you do differently?
  - What needs to happen next?

Questions adapted from Bond & Holland (2001) page 113-115
Another tool is the **Experiential Learning Cycle** Kolb (1984)

**Experience**
Recalling details of events/client.

**Reflection**
What happened? Exploring experience, feelings, ideas, thoughts, reactions.

**Conceptualisation**
So what? Analysing, understanding, making sense of, applying theory to experience.

**Planned**
Experimentation
Now what?

Questions to help you explore and reflect on each area of the cycle might be:

- **Experience**
  - Describe what happened?
  - Take me through the event, situation.
  - What was the purpose?
  - And then what happened?
  - How did the service user/colleague react? What did they say or do?

- **Reflection**
  - What was your reaction? What were you trying to achieve?
  - What were you thinking? What was going through your mind?
  - And then what?
  - Has this happened before? What happened?
  - How did the service user/colleague react? How do you know this?
  - What do you think went well? What did you do well? What were your strengths in this situation? What were the service user’s/colleague’s strengths?
  - What do you think went less well
  - What choices did you have?
• Conceptualisation
  • Why do you think this is happening?
  • How else could we understand this?
  • What do you think is causing/contributing to this problem?
  • What role does the culture of this service user/colleague play?
  • How does this fit with guidelines, policy?
  • How would the service user/colleague explain what happened?
  • How would (a different model or professional) view this situation?
  • What theories or principles might help us understand this?
  • Are there any personal connections you make in this situation?
  • What does the literature say that might be helpful here?

• Planned experimentation
  • Given what we have discussed, what would you do now? What would you do differently next time?
  • What have you tried in the past? How might that work here?
  • How ready do you feel to try that?
  • Would you like to practise that?
  • What else would you need to do in order to feel able to …?
  • What strengths do you have to draw on?

“Supervision is holding something up to the light and turning it.”

Michael Carroll, 2010
11. How do I go about doing professional supervision?

a). What can I do to get ready for professional supervision?

i) Find a supervisor
- Refer to the database your organisation has. Names of supervisors, their professional and supervision training, experience and interests will be listed.
- Discuss options with your manager.
- Ask around.
- Use the material from your self-audit to reflect on what you want from a supervisor and supervision.

ii) Have an initial meeting with a potential supervisor

Pre-supervision meetings will help you decide whether there is a match between you and a supervisor.
- Arrange to meet a potential supervisor for about an hour.
- Be prepared (refer to self-audit).
- Be prepared to talk about yourself, your strengths, your areas for development, your professional practice and what you want from supervision.
- Prepare some questions for your supervisor. You will want to know about their professional and supervision experience, interest and strengths.
- Discuss the differences and similarities between yourself, your supervisor and the service users you work with.
- Reflect on how these similarities and differences may impact on the supervision process and whether they can be managed.
- Take time to make a decision about whether the supervisor is the best fit for you.

Handy Hint

Regardless of whether or not you are able to choose who your supervisor will be, this information will help you get the best from professional supervision.
b). What happens in professional supervision sessions?

i ) Developing a professional supervision contract

Negotiating a contract helps in the development of an effective supervision relationship and avoids misunderstandings in the future:

- Review your organisation’s contract template and process.
- Note what you want to include, delete or add.
- Discuss with your supervisor.
- Personalise your organisation’s template.

Contracts should include:
ii) Assessing your strengths and areas for development

- Set aside time to do this.
- Reflect on your current skills and knowledge.
- Refer to your job description, performance appraisal and Professional Development and Recognition Programmes (PDRP).
- Refer to the Nursing Council of New Zealand Competencies (2007) and the seven Real Skills of Let's Get Real as frameworks to assist with this assessment.
- Identify your strengths – write these down. For example:
  - able to facilitate family/whanau meetings
  - able to engage with service users well
  - understand policies well.
- Identify your areas for development. For example:
  - need to understand the assessment of depression better
  - would like to learn Te Reo
  - would like to be more assertive with team members.
- Set goals to further develop your strengths and focus on an area for development for the year. Make these goals specific. For example:
  - will practise how to be more assertive in team meetings in supervision
  - will read (identify specific journals or topics) and report on key learning in supervision
  - will discuss the assessment of depression by presenting two cases in professional supervision.

iii) Understanding the content of professional supervision sessions

You may take any issue that affects your practice. This may include personal issues, but only in the way they impact on your work.

- You are likely to bring the following topics to sessions:
  - issues that arise when working with a service user
  - issues with colleagues
  - organisational issues
  - specific assessment and intervention strategies
  - emotional impact of the work
  - stress and pressures impacting on your work (personal and professional)
  - your professional development
  - your career development
  - professional and ethical issues.
- Your supervisor will provide a framework for you to discuss these issues. Examples of these frameworks are:
  - maintaining an overview by ensuring the Normative, Formative, Supportive aspects of each issue are discussed, Inskipp & Proctor (1995)
  - Hawkins & Shohet’s (2001) process model of supervision which suggests there are seven focus areas of what can be discussed in supervision
  - Let’s Get Real’s seven skills and performance indicator tables will provide an overview of your development.
iv) Preparing for professional supervision sessions

- Keep a supervision notebook/folder.
- Work out a system for noting agenda items (brief notes in your diary/notebook on the day an event occurs to help recall).
- Review previous session's notes, tasks and reflections.
- Put 15-30 minutes aside to reflect on the month.
- Reflect on the following questions.
  - What have you been pleased with?
  - What has been difficult?
  - Have there been any ethical concerns?
  - What have you worried about?
  - Were you stuck on anything? Don't understand something?
  - Is there a particular issue you wish to discuss? What is it? What is the issue of concern?
  - Have there been any crisis/emergencies/ethical issues you need to talk about?
  - Is there anything in your personal life that may be impacting on your practice? Do you need to/want to discuss this with your supervisor?
  - What has gone well and why?
- From this reflection, identify your agenda items and consider what you want to get from the discussion with your supervisor.

v) Structuring a professional supervision session

Professional supervision sessions have a structure – a beginning (welcome, settling, setting an agenda), a middle (discussing the agenda items) and end (summing up, agreeing to actions, seeking feedback).

- Your supervisor will take responsibility for this structure.
- It is your responsibility to come with agenda items and consider what you want from the discussion of each item.
- Your supervisor will ask questions to focus the discussion, such as the following.
  - What do you want to get from the session/discussion today?
  - How long would you like to spend on each item on the agenda?
  - What do you hope will change as a result of the discussion?
  - Where would you like to concentrate the discussion?
- At the end of the session your supervisor will ask you to sum up and check that you both have agreed on any actions.
- Your supervisor will ask for feedback about your goals for the session and the process, with questions such as the following.
  - You said you wanted to achieve ….. Have we done that? Have we answered your question?
  - How was the process today?
  - Is there anything you would like to change or do differently?
  - What is the take-away message today?

vi) Record keeping

- Read your organisation's policy on note taking in supervision.
- Copy the note taking template to use.
- Keep your own notes as are relevant to you.
- As a minimum, record dates and times of sessions, the agenda, agreed actions and ethical concerns.
- Check that you both agree on what is written down as actions.
- Store notes in a locked filing cabinet.

“The unexamined life is not worth living.”

Socrates
c). How do I build the professional supervision relationship?

- Attend professional supervision training.
- Understand the dynamics of the relationship.

i) Managing the challenges that may arise

- Some challenges may relate to your attitude to or experience of professional supervision.
- Some challenges may relate to organisational issues.

The following potential issues and solutions may assist.

<table>
<thead>
<tr>
<th>Issue</th>
<th>What Can I Do?</th>
</tr>
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</table>
| I don’t have time to go to professional supervision                 | - Discuss with your clinical leader.  
- Attend training.  
- Reflect on the reasons for this.                                  |
| My supervisor is often late and cancels sessions                    | - Bring up with your supervisor, referring to the contract.  
- Discuss with your manager.                                        |
| My supervisor talks about themselves and their work a great deal    | - Give feedback to your supervisor. Use statements “when you …, I feel …”  
- Refer to the contract.                                             |
| I’m anxious about going to supervision. I’m frightened the supervisor will find out I’m doing some things wrong | - Some supervisees feel like this. Discuss with your supervisor.  
- Consider how you might manage this fear in supervision.           |
| I don’t like to get negative feedback                               | - Other supervisees feel like this too. Discuss with your supervisor and plan how to manage in supervision.                                 |
| Supervision is not well understood or supported by my team         | - Initiate discussions with individuals and team members.  
- Approach someone who does advocate supervision for support.  
- Use ‘sound bites’ of information to discuss in the team.           |
| I can’t get cover so I can’t go to supervision                      | - Discuss with your manager.  
- Refer to your organisation’s supervision policy.                   |
| There is no one in my team or in our setting that I trust to supervise me | - Discuss with your manager.  
- Review the supervision policy and Te Pou guidelines.  
- Reflect on your reasons for this.                                  |
| I’m being supervised by my team leader and worry about raising issues with her | - Refer to supervision policy and Te Pou guidelines.  
- Discuss with the team leader.  
- Refer back to the contract – work out how to manage this dual relationship. |
| My team leader always complains when I go to supervision            | - Discuss with clinical leader.  
- Discuss in supervision.  
- Check supervision policy.                                          |
| My supervisor is behaving in an unethical manner                    | - Discuss with manager/clinical leader.  
- Develop plan of action.  
- Terminate supervision.                                              |
ii) Reviewing professional supervision

The professional supervision process and relationship should be reviewed regularly. The purpose is to ensure that it is an effective process following best practice principles and is meeting your needs.

- Reviews may occur informally in sessions and more formally three/six months after supervision begins and then annually.
- Your responsibility is to participate in any review providing honest feedback about the process and the impact on your practice and development.
- You will discuss the following with your supervisor.
  - Is supervision meeting the agreed goals?
  - Do we need to make any change to our contract?
  - What you each have found helpful/unhelpful so far?
  - What has been the learning/impact on your work with service users?
  - Is there anything either of you would like to change?
  - How do each of you see the supervision relationship and process?
  - Is there anything about the process which is unclear?
  - Are there any differences between you that hinder the process?

Your organisation will require you to participate in an annual review. This may be a discussion between you and your supervisor, an anonymous survey or a more general discussion with your manager during your Performance Appraisal.

d). When do I end a professional supervision relationship?

Supervision relationships mostly end because of the following.

- You or your supervisor change your position or leave the organisation.
- The contracted number of sessions is completed.
- Your learning needs are no longer being met.
- You or your supervisor attend so infrequently that the process is of no value to either of you.

In these circumstances a planned approach can be taken to ending the relationship, allowing for review and feedback of the process.

Less commonly a supervision relationship may end because of the following.

- There is a poor match between you and your supervisor.
- Either you or your supervisor behave in an unethical way.
- You and your supervisor are unable to resolve significant differences.
12. Useful resources


13. References


Health Practitioners Competence Assurance Act 2003.


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