

**PROFESSIONAL SUPERVISION TRAINING
A PILOT EVALUATION AT NORTHLAND
DISTRICT HEALTH BOARD**



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Introductions

- ❖ Bernie Cameron: Professional Supervision, Coordinator, NDHB
- ❖ Dr Mark Smith: Clinical Lead Specialist, Te Pou
- ❖ Anne McDonald: Clinical Project Specialist Nursing, Te Pou
- ❖ Jane Simperingham: Professional Nurse Leader, NDHB
- ❖ Fiona Howard: Registered Psychologist, Facilitator

Context

- ❖ Ministry of Health (2006). *Mental Health Nursing Framework and its Future: A discussion Framework*. Wellington: Ministry of Health.
- ❖ Ministry of Health (2008). *Let's get real: Real skills for people working in mental health and addictions*. Wellington: Ministry of Health.
- ❖ McKenna, Thom, Howard & Williams McKenna, B., Thom, K., Howard, F., & Williams, V. (2008). *Professional Supervision for Mental Health and Addiction Nurses: A review of current approaches to professional supervision internationally and in the New Zealand mental health and addiction sector*. Auckland: Te Pou o Te Whakaaro Nui, The National Centre of Mental Health Research, Information and Workforce Development.

❖ Recommendations:

1. The first recommendation was to develop a set of national guidelines.

“National Guidelines for Professional Supervision for Mental Health & Addiction Nurses” (2009)

2. The second recommendation was that a national training structure be developed. As part of this process a professional supervision training programme was developed, piloted and evaluated in NDHB.

Objectives of Pilot

Objectives:

1. To develop and facilitate professional supervision training for both supervisors and supervisees.
2. To evaluate this training and the implementation of professional supervision according to the following:
 - ♦ Satisfaction with the training process and content.
 - ♦ The impact the training had on professional supervision practice.
 - ♦ The benefit of professional supervision for the supervisor, supervisee, service user and the organisation as perceived by supervisors, supervisees and managers
 - ♦ The strengths, barriers and limitations of the professional supervision process.
3. To make suggestions for implementation.

Structure of the Pilot

The six month pilot programme comprised the following steps:

- ❖ Te Pou selected a DHB from those applying via an EOI.
- ❖ A Professional Supervision Co-ordinator was appointed within the DHB.
- ❖ Participants and supervisees and supervisors matched.
- ❖ A pre workshop questionnaire was emailed to all participants.
- ❖ Two facilitators conducted a three day supervisor training workshop (two day course plus follow-up practice day one month later) and a one day supervisee workshop
- ❖ On going support for the Professional Supervision Co-ordinator.
- ❖ Evaluation – post-workshop questionnaire, midway and final evaluation questionnaires, focus group discussions and telephone interviews.
- ❖ A report detailing the results of the evaluation presented to Te Pou.

Content of Workshops

Course Content:

- ❖ **Defining features** of professional supervision – definitions, models and functions, cultural supervision, benefits and barriers.
- ❖ **The principles** underpinning the practice – ethics, positive alliance and relationship, adult learning, reflective practice, supervisee's development.
- ❖ **Specific skills** – self awareness, pre supervision meetings, developing agreements, the content and structure, methods and techniques, goal setting and feedback and evaluation.

Participants

- Fifteen people attended the supervisors' workshop (coordinator, Professional Leader, manager)
- Eighteen people attended the supervisees workshop (coordinator, Professional Leader)
- 16 supervision pairs – 11 supervisors and 16 supervisees participated in the evaluation.

Participants

- ❖ The participants were typical of mental health nurse staffing in DHBs across New Zealand.
- ❖ Their experience in mental health ranged from less than one year to over 25 years.
- ❖ Few supervisors and supervisees were regularly receiving professional supervision.
- ❖ There was considerable variation in the self report of their skills and knowledge of professional supervision.
- ❖ While more supervisors than supervisees had attended training in supervision there was considerable variation in the type of training.

Evaluation Questions

- ❖ How satisfied were the supervisors and supervisees with the workshop content and process?
- ❖ What was the impact of professional supervision training on the supervision practice of the supervisors and supervisees during the six month period of the project?
- ❖ What benefit did professional supervision add to supervisors, supervisees, service users and the organisation from the perspective of the supervisor, supervisees and managers?
- ❖ What strengths, barriers and limitations were there to the implementation of professional supervision in this DHB?
- ❖ Recommendations for implementing professional supervision. www.supervision.co.nz

Evaluation Tools

- ❖ Post-workshop satisfaction questionnaires
- ❖ Midway and final questionnaires
- ❖ Focus group discussion
- ❖ Telephone interviews

Post-workshop Satisfaction Questionnaires

- ❑ Brief questionnaire – overall satisfaction and implementation of professional supervision.
- ❑ Completed at the conclusion of the workshops and follow up practice day.

Response:

- ❑ Fifteen supervisors completed the post-workshop questionnaire and 13 supervisors completed the follow-up practice day questionnaire.
- ❑ Twelve supervisees completed the post-workshop questionnaire.

Midway and Final Questionnaires

Five sections

- Workshop content
- Current professional supervision arrangements
- Implementation
- Overall satisfaction
- Organisational support

Response

Supervisors – 64% completed the midway and final questionnaire.

Supervisees – 62% completed the midway questionnaire and 29% completed the final questionnaire.

Focus Group Discussion

Discussion

- The efficacy of the workshop
- Issues that enhanced or challenged the effective delivery of professional supervision during the pilot.
- Strategies to support professional supervision

Response

Six supervisors attended the focus group with two providing written feedback (73%).

Three supervisees (19%) attended their focus group

Telephone interviews

The Professional Supervisor Co-ordinator, Professional Nurse Leader Mental Health and three Nurse Managers.

Content

- ♦ What worked and didn't work –content and process of the workshop.
- ♦ What worked and didn't work in the implementation of professional supervision within NDHB.
- ♦ Suggestions to further embed professional supervision practice within the NDHB.
- ♦ Suggestions to other DHBs who may be considering implementing professional supervision.

Satisfaction with the workshop content and process?

- ❖ Supervisors and supervisees were satisfied to very satisfied with the content and process.
- ❖ The content was seen to be useful to very useful and met their needs in implementing professional supervision.

The impact of the professional supervision training on the supervision practice of supervisors and supervisees

- Supervisors and supervisees reported being satisfied to very satisfied with the implementation process of professional supervision.
- Supervisors and supervisees rated the usefulness of professional supervision for the supervisee as moderate to very useful.
- Supervisors and supervisees rated their skills and knowledge as moderate to very good.

Impact

- ❖ Their description of what was working in sessions indicated both supervisors and supervisees were using content taught during the professional supervision workshop.
- ❖ The content of the professional supervision sessions reported by supervisors and supervisees reflected the administrative, educative and supportive function of professional supervision.

(McKenna et al., 2008)

Critical components

- ❖ The Professional Supervision Co-ordinator role
- ❖ Training both supervisors and supervisees
- ❖ The practice based tasks during the workshops and at the follow up day for supervisors.

What benefit did professional supervision add to supervisors, supervisees, service users and the organisation?

- ❖ Supervisors, supervisees and managers reported
 - increased confidence
 - improved clinical and supervision professional skills and practice
 - better documentation,
 - increased clinical knowledge
 - increased ethical awareness
 - better professional relationships
 - greater understanding of procedures.

Benefits

- ❖ These improvements were illustrated in the reports of the content of, and issues and outcomes discussed in professional supervision sessions.

Benefits

- ❖ Benefits to service users can be inferred in terms of risk management, better professional relationships, adherence to procedure and service provided.

Barriers and Limitations to the professional supervision process

- ❖ Barriers – practical and attitudinal
- ❖ Limitations – “rushed feel” at the beginning, little prior knowledge of “*Let’s get real*”, low numbers of participants, timeframes

Recommendations

- ❖ Review current professional supervision arrangements
- ❖ Develop a professional supervision plan
- ❖ Develop effective systems
- ❖ Management Support
- ❖ Building professional supervision expertise
- ❖ Ongoing support for supervisors and supervisees
- ❖ Commitment
- ❖ Evaluation of professional supervision
- ❖ Develop a culture of professional supervision

Next Phase

Te Pou plan to

- ❖ Review use of the guidelines in DHBs.
- ❖ Develop a resource kit to assist DHBs with implementing professional supervision.