



Supervision Guidelines

Mental Health and Addiction

Credential in Primary Care

These guidelines are provided to support mental health nurses and primary care nurses working towards achieving a *mental health and addiction credential in primary care*. The identified language preferred by primary care nurses for this relationship between mental health and primary care nurses is **Practice Development Support**.

DEFINITION

Practice Development Support assists the primary care nurse with **translation of knowledge and skills into practice**. Reflective practice is the foundation for the relationship between nurse and supervisor providing support, with the overarching goal of enhancing confidence and practice in the primary care setting. The supervisor will have specialist mental health knowledge/skill and may already be working in (or aligned with) the primary care setting, the nurse or the local DHB. The supervisor will be accountable for his/her own practice, own clinical supervision (MH & A context) and recommending the nurse for credentialing during application phase.

Te Pou (2012) outlines the benefits of professional supervision as being

- ✓ 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.

For further information on guidelines for supervisees please visit

<http://www.tepou.co.nz/library/tepou/professional-supervision-guide-for-nursing-supervisees>

GENERAL GUIDELINES

1. Confidentiality

All information discussed is confidential, with the exception of serious safety and ethical issues.

The supervisor may take any material to his/her own supervisor while maintaining the confidentiality of the supervisor/supervisee relationship.

2. Cultural competence

Understanding the perspectives of people from different cultural groups is an essential element to cultural competence. Clinical supervision (in this instance practice development support) is one way to develop cultural competence. The Te Pou Professional Supervision Guide for professional supervisors provides clear information and direction for cultural competence.

3. Documentation

A record of practice development support assists nurses to evidence participation in this activity. Two areas to consider are:

- a) A practice development support contract – outlines the relationship between the nurse seeking credentialing and the supervisor.
- b) Record of Sessions – documents the date/time of practice development support from supervisors.

4. Frequency of supervision

The frequency of practice development support should be at least monthly during the training phase of credentialing, and more frequently as needed by the nurse. Supervision sessions are expected to take place in an environment conducive to both parties. Both parties are responsible for punctuality, and to notify each other if the appointment cannot be met.

The responsibility for instigating and participating in practice development support rests primarily with the supervisee, however should be identified early in the credentialing process in order to create an environment of success.

5. Selection of a supervisor

Nurses ideally supervise nurses. This facilitates the use of theoretical and ethical frameworks from nursing, thus promoting good nursing practice. However, nurses from time to time may choose to be supervised by other professionals because of particular development needs or resource issues.

6. Communication

It is expected that the practice development support relationship will be honest, safe and equal. There will be an identified process for cancellation of pre-arranged sessions.

7. Responsibilities of the supervisor are:

- To be trained and competent as a clinical supervisor.
- To inquire about ethical and safety issues as a first priority.
- To explain the content and purpose of supervision to the supervisee.
- To organize an appropriate place and appointment time.
- To ensure the sessions stay focused on practice development in supportive environment.
- To inform the supervisee of their own arrangements for clinical supervision.

8. Responsibilities of the supervisee receiving Practice Development Support are:

- To come prepared by identifying areas of reflection, or issues from clinical practice.
- As a first priority, identify aspects of their work which have safety or ethical implications.

- To follow through on any mutually agreed outcomes within the agreed time frame.
- To discuss with the supervisor any event or circumstance in their own life which may be affecting their provision of treatment.
- To tell the supervisor of any time s/he thinks that an attitude or feeling (positive or negative) about a client might be affecting, in any way, the treatment of that client.
- To provide feedback about what is helpful or unhelpful about the supervision provided.

REFERENCES

- Bond M, Holland S. (1998). Skills of Clinical Supervision for Nurses. Open University Press; Buckingham.
- Te Pou. (2011). Professional Supervision Guide for Nursing Leaders and Managers. Te Pou o Te Whakaaro Nui; Auckland.
- Te Pou. (2011). Professional Supervision Guide for Nursing Supervisees. Te Pou o Te Whakaaro Nui; Auckland.
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