

Professional Supervision for Registered / Enrolled Nurses in the Mental Health and Addictions Service

Procedure Responsibilities and Authorisation

Department Responsible for Procedure	Mental Health and Addictions
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Target Audience	Mental Health and Addictions
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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
2	Maira O'Shea	December 2014	20/7/ 15 removal of (5) spelling in Action 5, page 7 inclusion re video link, - page 4 , Procedure action , included "annual performance reviews" – page 6
2	Carole Kennedy	16/07/2015	Removal of clinical from nurse director title Inclusion of supervisee accessing supervision outside of their environment.
3	Carole Kennedy	04/01/2019	Version due for update

Professional Supervision for Registered / Enrolled Nurses in the Mental Health and Addictions Service

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Professional Supervision for Registered / Enrolled Nurses in the Mental Health and Addictions Service

1 Overview

1.1 Purpose

Professional supervision is an essential component of nursing practice in the mental health and addictions services. Professional supervision supports every registered / enrolled nurse working in partnership with service users / tāngata whaiora and their families / whānau. This formal process provides the opportunity to actively reflect on one's clinical practice, and develop one's knowledge in contemporary mental health and addictions practice. Embedding "Let's get Real skills" seven skills into ones nursing practice becomes an enabler to support service user tāngata whaiora outcomes, as supervision is the vehicle that brings about positive change.

Professional supervision encompasses all of the values and behaviours of the six (6) 'C's: Care, compassion, competence, communication, courage and commitment leading to better experiences and better outcomes for both the registered / enrolled nurse and the service user / tāngata whaiora / whānau.

1.2 Scope

This procedure applies to all registered / enrolled nurses employed in mental health and addictions service with a current annual practicing certificate (APC) Nursing Council of New Zealand; in accordance with the Health Practitioners Competence Assurance Act 2003.

1.3 Exceptions / contraindications

This procedure applies to all registered/enrolled nurses.

1.4 Definitions

Professional Supervision	Professional "supervision involves a formal relationship in which a nurse discusses the nursing experiences with a more experienced nurse to foster the development of self-assessment and analytical and reflective skills, provide support, and promote patient safety and nurse accountability" (Ashley & Karahashian, 2018).
Cultural Supervision	"It is a formal supervision relationship that has as its purpose the enhancement of awareness, knowledge and skills for working with and within the cultural context of tāngata whaiora. Cultural supervision may be provided in addition to clinical or professional if this is required to support practitioners to improve their knowledge of cultural values, manage complex cultural issues and to ensure safe practice and culturally appropriate behaviour" (Te Pou o Te Whakaaro Nui 2015).

2 Clinical Management

All supervisors will have 2 years post-entry into mental health and addictions clinical practice, have completed an approved course of supervision training or equivalent and be approved by the nurse director.

All supervisors and supervisees are required to ensure supervision agreements are renewed annually and lodged with the nurse director's administration support.

There is an expectation that all newly trained supervisors must be engaged in providing supervision within 2 months of completing their training to ensure their new skills are embedded into practice.

This link has all available supervisors and is updated at least 3 times a year, post completion of supervision training.

<https://intranet.sharepoint.waikato.health.govt.nz/RefDocs/Mental%20Health/Trained%20Supervisors.pdf>

Electronic Database – trained supervisors and agreements are maintained by the mental health and addictions corporate administrators on behalf of the nurse director.

Professional supervision notes and attendance are maintained by the supervisor and supervisee, stored electronically and password protected, by use of the Waikato DHB log in process.

1. Action:

Every registered / enrolled nurse employed in the mental health and addictions service is required to participate in regular professional supervision and evidence this at their annual performance reviews. This may take the form of individual or group supervision for registered / enrolled nurses.

Receiving supervision requires a supervisee to identify a supervisor external to the same team or unit environment.

All forms of professional supervision require a professional supervision agreement and log record that is electronically stored.

All registered / enrolled nurses must be engaged in one form of professional supervision as listed in this procedure, there are no exceptions.

Professional supervision encourages learning, expansion of practice skills, self-assessment and exercise of analytical and reflective skills; cultural responsiveness and safety, appropriate use of models, and linking practice to cultural knowledge. One on one

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supervision external to the supervisee's team is to ensure there is objectivity when discussing ethics and boundaries so that confidentiality is not compromised. For example, South and North Rural Sectors clinicians would be supported to use acceptable video conferencing opportunities, or travel outside of their area within the Waikato DHB region, endorsed by the line manager.

2. Action:

Styles of delivery of Professional supervision

1:1 (supervisor and supervisee) provided by a registered / enrolled nurse trained in professional supervision external to the supervisee's team but with mental health and addictions experience.

1:1 (supervisor and supervisee) provided by a supervision-trained health professional who is not a registered / enrolled nurse. This form of supervision must be negotiated by the supervisee, with the nurse director and respective professional advisor.

Group supervision – supervisor led, with supervisees provided by a registered / enrolled nurse who has completed the supervision training and is skilled in group facilitation. The number in the group is determined by the supervisor.

External to the organisation - professional supervision requires a discussion with the nurse director / line manager in the first instance. Professional supervision that requires the supervisee or supervisor to travel unreasonable distance within Waikato DHB region must have the approval of the charge nurse manager / team leader.

Professional supervision agreement

This is a written agreement between the supervisee and the supervisor which outlines the expectations of the roles of supervisee and supervisor. Both parties have responsibilities for ensuring the frequency of the sessions, attendance and both actively engaging in the session. The agreement outlines the terms of the contract. Appendix1

All original agreements and associated information will be held by the nurse director e.g. supervisor database, qualifications and training updates. This data base is kept up to date by the mental health corporate administrators. The supervisee will receive notification when the contract is about to expire.

All agreements are reviewed and updated annually PRIOR to EXPIRY date by the supervisor / supervisee, and sent to the nurse director. It is strongly recommended to change supervisor / supervisee at least 3 yearly.

When an agreement terminates it is the responsibility of the supervisor and supervisee to inform the nurse director and respective charge nurse manager / team leader.

It is expected that attendance records and brief notes on content are electronically maintained by supervisor/supervisee.

It is recommended that one hour of each type of professional supervision be available per month for full time registered / enrolled nurses (pro rata for part time registered/enrolled nurse). It is expected that registered / enrolled nurses aim to attend a minimum of 8 sessions per annum.

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Rationale

Professional supervision establishes boundaries around the relationship between the practitioner, service user / tāngata whaiora, family / whānau and support agencies. This results in effective treatment outcomes.

The value of professional supervision enhances one's confidence, increases analytical and reflective skills to work with service users /t āngata whaiora. Facilitates the retention of mental health and addiction nurses and brings about professional satisfaction in their workplace.

Action:

A written professional supervision agreement will be established within 2 sessions of supervision commencing, between the supervisor and supervisee, including:

- Frequency and time of meetings
- Location
- Responsibilities / expectations including pre-session preparation
- Review process and termination date of supervision agreement
- Professional supervisor's own professional supervision arrangements to be noted
- Boundaries of confidentiality

Supervisee and supervisor will retain a copy of the agreement. Copies are provided to the nurse director and line manager.

Recording and documentation

- Is a requirement for “potential ethical and legal responsibilities of the organisation, supervisor and supervisee”. The content would include supervisee’s caseload numbers (if appropriate). A brief overview of the supervisory discussion, supervisee learning and developmental needs; any significant issues and appointment changes.
(Te Pou o Te Whakaaro Nui (2017) *Te Tirohanga a te Manu: “A bird’s perspective” Professional supervision guide for nursing leaders and managers*. Auckland: Te Pou o te Whakaaro Nui pg. 23)

Rationale

Engagement in professional supervision requires endorsement from the line manager, for release from clinical practice to attend the sessions. The line manager is responsible for professional matrix and it is expected that this allocated time is used effectively and efficiently, and evidence of attendance may be required.

3. Action:

Confidentiality

Professional supervision discussion between the supervisee and the supervisor is deemed confidential with the exception of the following points.

- Mutually agreed information that is required to be included in the supervisee's annual performance review and development plan
- Evidence of professional supervision contract electronically uploaded on to Professional development recognition programme (PDRP).
- When concerns are raised within the supervision session these are discussed and identified the appropriate course of action

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- Where the supervisor feels there has been a serious breach of the supervisee's ethical / legal and regulatory responsibilities. i.e. Code of conduct, breach of nursing council competencies/ professional standards/ Waikato DHB policies and procedures.
- There is a risk of serious emotional / physical harm to the service user / tāngata whaiora, supervisee, supervisor or to others, having discussed this with the supervisee.
- If disclosure of confidential information is required, this will be in partnership with the supervisee / supervisor, nurse director and the leadership team.
- Information is required by legal intervention i.e. subpoena by courts

Rationale

Professional supervision is an essential component of nursing practice in the mental health and addictions service, supported by the respective line manager. The performance review provides the opportunity to demonstrate one's individual growth and identify developmental plans to support the registered / enrolled nurse in clinical practice.

The principle purpose of the Health Practitioners Competence Assurance Act 2003 is to protect the health and safety of members of the public by providing ways to ensure that all health practitioners are competent and fit to practice.

New Zealand Ministry of Health. (2003) Health Practitioners Competence Assurance Act (2003). For the protection and safety of person(s) or public from self-harm or danger to others.

4. Action:

The nurse director will arrange for:

- Electronically stored professional supervision agreements
- Maintenance of a current register of registered / enrolled nurses trained in professional supervision. Link provided above.
- The support and selection of registered / enrolled nurses for ongoing and new training requirements

Rationale

Effective and efficient maintenance of current supervisor database that is accessible to staff.

5. Action:

Professional supervision will be provided from registered / enrolled nurses within the mental health and addictions service unless there are specific needs that cannot be met within the service.

Rationale

Resource issues are managed appropriately.

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3 Audit

3.1 Indicators

All registered / enrolled nurses working in the mental health and addictions service are engaged in regular, high quality professional supervision; attendance will be recorded in performance reviews.

Reminders are generated to ensure all supervision contracts are up to date

3.2 Tools

Yearly audit of professional supervision database and performance reviews.

4 Evidence base

4.1 Summary of Evidence, Review and Recommendations

Legislative Requirements:

Health Practitioners Competency Assurance Act 2003

4.2 References

Associated Documents

- Mental health and addictions Workforce Action Plan 2017 - 2021
<https://intranet.sharepoint.waikato.health.govt.nz/RefDocs/Mental%20Health/MHAS%20Strategic%20Plan.pdf>
- Professional and group supervision contract for registered / enrolled nurses in mental health and addictions
- Professional supervision record log for registered / enrolled nurses in mental health and addictions.
<https://intranet.sharepoint.waikato.health.govt.nz/Pages/Mental%20Health/Mental%20health%20nursing.aspx>
- Waikato DHB Information Privacy policy 1976
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- Waikato DHB Managing Behaviour and Performance policy 5250
<https://intranet.sharepoint.waikato.health.govt.nz/site/pol/published/Managing%20Behaviour%20and%20Performance.pdf>

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- Te Pou o Te Whakaaro Nui. (2015) Supervision guide for mental health and addictions Kaiwhakahaere/manager. Auckland, New Zealand: Te Pou o Te whakaaro Nui.
<https://www.tepou.co.nz/uploads/files/resource-assets/supervision-guide-for-mental-health-and-addiction-kaiwhakahaere-managers.pdf>

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<http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html>

**MENTAL HEALTH AND
ADDICTIONS SERVICE****Individual supervision agreement for registered nurses**

Supervisee _____ Clinical Area _____

Supervisor _____ Clinical Area _____

Date: _____

☐ 1:1 (supervisor and supervisee)

A written professional supervision agreement will be established within two sessions from commencement and the supervisee and supervisor will retain a copy of the agreement. The original **MUST** be supplied to the nurse director.

The terms of the contract are as follows:

1. It is expected the relationship will be collegial, respectful, collaborative and honest in accordance with Nursing Council New Zealand competencies.
2. All information discussed is **CONFIDENTIAL** to the supervisor/supervisee with the exception of:
 - a. mutually agreed information that is required to be included in the supervisee's annual performance review by their charge nurse manager/ team leader.
 - b. where the supervisor feels there has been a serious breach of the supervisees ethical/legal and regulatory responsibilities, OR that there is a risk of serious emotional/physical harm to the service user/tangatata whaiora, supervisee, supervisor or to others. The onus is on the supervisor to notify the supervisee's charge nurse manager/ team leader and nurse director of this view, having discussed this with the supervisee.
 - c. Information is required by legal intervention, i.e. subpoena by courts
 - d. Information is passed on as required by verbal and written service user/tangata whaiora consent.
3. The contract is valid for one year only and a new contract will be made if it is agreed that the supervision will continue. (It is recommended that supervisory arrangements should be changed every three years maximum).
4. That the supervisor will be engaged in professional supervision and may take any material to their own supervisor for discussion.
5. That the supervisor and supervisee prepare for the session.
6. That the supervisor and supervisee will negotiate attendance at the supervision sessions with their respective charge nurse manager/ team leader.
7. That the supervisor will maintain a record log of the sessions and store electronically password protected with supervisor/supervisee's Waikato DHB log ins.
8. That supervision sessions will take place monthly for at least one hour at an agreed time and easily accessible venue or via technological support – ie Jabber
9. Any other reasonable terms as determined by the professional supervisor and supervisee.

Signature of supervisor: _____ Date: _____
dd/mm/yySignature of supervisee: _____ Date: _____
dd/mm/yy

Contract expiry date: _____

Send copy to:

Supervisor	<input type="checkbox"/>
Charge nurse manager/Team leader	<input type="checkbox"/>
Nurse director	<input type="checkbox"/>

Office use only:

Date entered on people soft: _____

**MENTAL HEALTH AND
ADDICTIONS SERVICE****Group supervision agreement for registered nurses**

Supervisee _____ Clinical Area _____

Supervisor _____ Clinical Area _____

Date: _____

☐ 1:2 (supervisor and supervisees)

A written professional supervision agreement will be established within two sessions from commencement and the supervisee and supervisor will retain a copy of the agreement. The original **MUST** be supplied to the nurse director.

The terms of the contract are as follows:

1. It is expected the relationship will be collegial, respectful, collaborative and honest in accordance with Nursing Council New Zealand competencies.
2. Group dynamic rules, considerations and responsibilities as group members will be explored and agreed upon. For example confidentiality amongst participants, consequences of breaches of trust and respect for one another
3. All information discussed is **CONFIDENTIAL** to the supervisor/supervisee with the exception of:
 - a. mutually agreed information that is required to be included in the supervisee's annual performance review by their charge nurse manager/ team leader.
 - b. where the supervisor feels there has been a serious breach of the supervisees ethical/legal and regulatory responsibilities, OR that there is a risk of serious emotional/physical harm to the service user/tangata whaiora, supervisee, supervisor or to others. The onus is on the supervisor to notify the supervisee's charge nurse manager/ team leader and nurse director of this view, having discussed this with the supervisee.
 - c. Information is required by legal intervention, i.e. subpoena by courts
 - d. Information is passed on as required by verbal and written service user/tangata whaiora consent.
4. The contract is valid for one year only and a new contract will be made if it is agreed that the supervision will continue. (It is recommended that supervisory arrangements should be changed every three years maximum).
5. That the supervisor will be engaged in professional supervision and may take any material to their own supervisor for discussion.
6. That the supervisor and supervisee prepare for the session.
7. That the supervisor and supervisee will negotiate attendance at the supervision sessions with their respective charge nurse manager/ team leader.
8. That the supervisor will maintain a record log of the sessions and store electronically password protected with supervisor/supervisee's Waikato DHB log ins.
9. That supervision sessions will take place monthly for at least one hour at an agreed time and easily accessible venue or via technological support – ie Jabber
10. Any other reasonable terms as determined by the professional supervisor and supervisee.

Signature of supervisor: _____ Date: _____
dd/mm/yySignature of supervisee: _____ Date: _____
dd/mm/yy

Contract expiry date: _____

Send copy to:

Supervisor	<input type="checkbox"/>
Charge nurse manager/Team leader	<input type="checkbox"/>
Nurse director	<input type="checkbox"/>

Office use only:

Date entered on people soft: _____

Appendix 2:

Nursing Professional supervision or practice review Record Log

Nurse (Supervisee)

Clinical AreaWard

Clinical Supervisor

Clinical Area

Date:

Form: (please circle) **1:1** (supervisor & supervisee) or **Group 1:2+** (supervisor & supervisees)

Nursing Professional supervision or practice review Record Log to be maintained by the clinical supervisor and to be stored safely. The Nurse (supervisee) may also use the format for recording purposes.

[illegible]

[illegible]

Appendix 2:
Nursing Professional Group supervision or practice review Record Log

Clinical AreaWard

Clinical Area

Date:

Form: **Group 1:2+** (supervisor & supervisees)

Nursing Professional supervision or practice review Record Log to be maintained by the clinical supervisor and to be stored safely. The Nurse (supervisee) may also use the format for recording purposes.

[illegible]

Date & Time	Brief notes	Group dynamic issues	Outcomes

RELEASED UNDER THE OFFICIAL INFORMATION ACT