PROFESSIONAL SUPERVISION TRAINING: A PILOT EVALUATION IN NORTHLAND DISTRICT HEALTH BOARD

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FOREWORD

Professional supervision underpins quality nursing practice and has a positive influence on quality nursing care and service user outcomes (Te Pou, 2009). Implementation of supervision for mental health nurses was one of the nine recommendations in *Mental Health Nursing and its Future: A Discussion Framework* (Ministry of Health, 2006). Additionally, the Ministry of Health's *Let's get real* framework (2008) identified one of the seven Real Skills as professional and personal development: every person working in a mental health and addiction treatment service actively reflects on their work and practice. Supervision is also a significant mechanism for encouraging reflection on the other Real Skills and values and attitudes of *Let's get real* and incorporation of these into practice.

Previous work undertaken by Te Pou identified the national guidelines for professional supervision (Te Pou, 2009). This evaluation report follows on from these guidelines and examines the way in which Northland District Health Board has piloted a national training package for implementing professional supervision during 2009.

This report is the result of the pilot undertaken at Northland District Health Board to evaluate a training package for the implementation of professional supervision. This report makes recommendations for how both, Northland District Health Board and other District Health Boards can successfully implement the training package, based on the findings from the pilot.

In the current health environment of rapid change and the many competing demands for resources within the mental health and addiction sector, it is more important than ever to adopt sustainable model with positive outcomes that will add value to delivery of care.

Professional supervision is pivotal to both enhanced service user outcomes and staff job satisfaction. I urge all leaders and managers to utilise the key findings from this pilot evaluation to enhance the implementation of professional supervision.

Anne McDonald
Clinical Lead – Nursing

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Te Pou o Te Whakaaro Nui, the National Centre of Mental Health, Research Information and Workforce Development, would like to thank the Northland District Health Board mental health and addiction nurses who participated in this pilot. They were diligent in their efforts to implement professional supervision and enthusiastic about the process of professional supervision. We appreciated the effort they invested in ensuring the process worked and in completing the evaluations specific to the pilot. Their comments were thoughtful and will be used to guide further development. In particular we would like to thank Bernie Cameron, Clinical Nurse Specialist and the Pilot Professional Supervision Coordinator, who worked tirelessly encouraging and supporting the supervisors and supervisees. We were grateful for his optimistic and enthusiastic manner and his ability to solve the problems as they arose. The support of the Professional Nurse Leader, Jane Simperingham, and the managers of each of the supervisors and supervisees was also appreciated. They supported their staff to attend professional supervision and contributed to the evaluation.

Te Pou would like to acknowledge and thank Beverley Burns, Registered Psychologist, who was contracted to complete this project.

Te Pou would also like to acknowledge and thank Fiona Howard and Lareen Cooper for their thoughtful input into all aspects of the pilot. Fiona is a Registered Psychologist and Senior Tutor at the University of Auckland and she assisted with the development and facilitation of the professional supervision workshops and then provided guidance during the six months of the pilot. Lareen, a Senior Lecturer in the School of Health and Social Services at Massey University and a former senior manager at Bay of Plenty District Health Board (BOPDHB) and MidCentral District Health Board (MDHB), provided guidance in the final stages of the pilot.

EXECUTIVE SUMMARY

This pilot was commissioned by Te Pou o Te Whakaaro Nui, the National Centre of Mental Health, Research Information and Workforce Development, as the third step to the introduction of professional supervision for mental health and addiction nurses across New Zealand. The following documents provide the context for the pilot and prioritise professional supervision as a means to building nursing competence and improving service to service users: *"Mental Health Nursing and Its Future: A Discussion Framework"* (2006); *"Professional Supervision for Mental Health and Addiction Nurses: a review of current processes to professional supervision internationally and in the New Zealand mental health and addiction sector"*; the "*National Guidelines for Professional Supervision for Mental Health & Addiction Nurses"* (Te Pou, 2009); and *"Let's get real"* (Ministry of Health, 2008).

The purpose of this training pilot was to evaluate the following four questions:

1. How satisfied were the supervisors and supervisees with the workshop content and process?
2. 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?
3. What benefit did professional supervision add to supervisors, supervisees, service users and the organisation from the perspective of the supervisor, supervisees and managers?
4. What strengths, barriers and limitations were there to the implementation of professional supervision in this DHB?

Suggestions for maintaining the practice of professional supervision at the pilot site and for implementing professional supervision in other DHBs were to be made.

Te Pou selected Northland District Health Board (NDHB) as the pilot site from a formal Expression of Interest (EOI) process. As part of the requirements of the contract NDHB were required to appoint a Professional Supervision Coordinator. This was a .2 FTE position. Supervisors and supervisees were identified and matched by the Coordinator and Professional Nurse Leader Mental Health. Sixteen supervision pairs (11 supervisors and 16 supervisees) participated.

Two facilitators experienced at teaching professional supervision designed and taught a professional supervision training programme for both supervisors and supervisees. The supervisors' programme was a two day introduction to the theory and practical skills of professional supervision followed by a practice based follow-up day one month later. The supervisees' training involved a one day workshop focused on the practical skills of professional supervision. The coordinator then assisted the sixteen supervision pairs to implement professional supervision.

The evaluation comprised a post-workshop questionnaires, midway and final questionnaires, focus group discussions and telephone interviews with managers.

The evaluation indicated that:

- Both supervisors and supervisees were satisfied to very satisfied with the content and process of the professional supervision. With minor exceptions, the content was seen to be useful to very useful and comments indicated that training both supervisees and supervisors was critical to their satisfaction as were the practice-based tasks during the workshops and at the follow-up day for supervisors.

- The professional supervision training had impacted on the practice of professional supervision for both supervisors and supervisees. This included a taking a planned approach to professional supervision (agenda setting, goal setting, note taking) and a greater emphasis on developing reflective skills. Their reports indicated that the issues bought to supervision were significant and resolution of these critical to the ongoing work satisfaction and service provision.
- The benefits to supervisors and supervisees included improvements in their own professional supervision practice as well as work with service users. These included such things as better documentation, increased knowledge base and ethical awareness, better relationships between colleagues and greater understanding of procedures. These improvements were supported by comments made by managers and were further illustrated by the reports of the content of professional supervision sessions, including the issues and outcomes discussed. While the impact of these changes on the service users and the organisation were not explored specifically, such benefits are likely to impact on the service in terms of risk management, better professional relationships, adherence to procedure and service.
- The limitations to this evaluation included the relatively small numbers of participants involved in the pilot and the variable response rate on the evaluation tools. In consequence: there is a reliance on individual qualitative data; generalisation of findings to other DHBs may be tentative; and it was not possible to measure change and development in supervision skills and practice across time.

Recommendations for the continuity of professional supervision training in NDHB and for other organisations wishing to implement professional supervision focused primarily on developing a structure that would support the process, implementation and sustainability of professional supervision. This is supported in the national guidelines (Te Pou, 2009).

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1.0 BACKGROUND

McKenna, Thom, Howard & Williams (2008), in their review of the local and international literature on best practice in professional supervision, note that good quality professional supervision is essential for excellent nursing practice for all mental health and addiction nurses. They suggest that supervision allows nurses in this sector the time and space to reflect on their professional identity and development in the wider social and political environments that influence health. This in turn, they note, is likely to impact on their work with service users and the quality of service provided. Professional supervision also supports the legislative requirements of the Health Practitioners' Competence Assurance Act (2003) and is viewed as central to integrating *"Let's get real"* (Ministry of Health, 2008) into organisational practice and culture.

The background to this pilot includes the following.

"Mental Health Nursing and Its Future: A Discussion Framework" (2006) prioritised Professional Supervision as one of nine recommendations to strengthen the mental health and addiction nursing workforce provision of service to service users.

McKenna et al. (2008) reviewed the local and international literature on best practice in professional supervision and surveyed district health boards (DHBs) and non-government organisations (NGOs) on the current provision of professional supervision within these organisations. They concluded that a nationally endorsed approach to professional supervision was needed and made six recommendations to achieving this. These included the development of the national professional supervision guidelines, a national training structure aligned to *"Let's get real"* (Ministry of Health, 2008), the development of an accreditation process and a national database of trained accredited supervisors, as well as the development of an evaluation process for professional supervision.

The first of these six recommendations, the *"National Guidelines for Professional Supervision for Mental Health & Addiction Nurses"* (Te Pou, 2009), has been developed and distributed.

The second recommendation was that a national training structure be developed that was aligned to "*Let's get real*" (Ministry of Health, 2008). The skills outlined in this document may be used as a means of considering a supervisee's professional development areas as are the Nursing Competencies (2007). These may assist with understanding a supervisee's skill development and may be discussed in professional supervision sessions. Further to this one of the seven real skills in *"Let's get real"*, refers to "professional and personal development" (Ministry of Health, 2008). This skill is described as "Every person working in a mental health and addiction treatment service actively reflects on their work and practice and works in ways that enhance the team to support the recovery of service users" (p. 4). Using professional supervision is one way that staff can meet this indicator.

As part of this process, a professional supervision training programme was developed and piloted in Northland District Health Board (NDHB). An evaluation of this pilot is reported in this document with recommendations for the implementation of professional supervision in DHBs and NGOs.

This report should be read in conjunction with the above documents as they provide the evidence base for the professional supervision training programme and evaluation.

2.0 CONTEXT OF THE PROFESSIONAL SUPERVISION TRAINING, IMPLEMENTATION AND EVALUATION

2.1 OBJECTIVE OF THE PILOT

The objective for this pilot was to develop and facilitate professional supervision training for both supervisors and supervisees. This training and the implementation of professional supervision was to be evaluated according to the following.

1. Satisfaction with the training process and content.
2. The impact the training had on professional supervision practice.
3. The benefit of professional supervision for the supervisor, supervisee, service user and the organisation as perceived by the supervisors, supervisees and managers.
4. The strengths, barriers and limitations of the professional supervision process.

Recommendations for the ongoing practice and implementation of professional supervision for the pilot site and for other providers who may wish to implement professional supervision were to be made.

2.2 STRUCTURE OF THE PILOT

This pilot programme comprised the following steps.

- A professional supervision training programme for both supervisors and supervisees was developed and implemented by Beverley Burns and Fiona Howard, Registered Psychologists, both of whom were experienced at developing and facilitating such courses.
- NDHB were selected from a formal Expressions of Interest (EOI) process as the pilot site.
- A Professional Supervision Coordinator (.2 FTE) was appointed within NDHB to support and oversee the implementation of professional supervision.
- The Professional Supervision Coordinator and Professional Nurse Leader Mental Health identified participants and matched supervisees and supervisors according to their own criteria which included clinical expertise, stated cultural factors and perceived personality.
- The two facilitators conducted a three day supervisor training workshop (two day course plus follow-up practice day one month later).
- The two facilitators conducted a one day supervisee training workshop.
- One facilitator maintained regular contact with the Professional Supervision Coordinator throughout the duration of the pilot to provide support and problem solve where necessary.
- The pilot was evaluated by way of a post-workshop questionnaire, midway and final evaluation questionnaires, focus group discussions and telephone interviews with managers within the DHB.
- The evaluation focused on: evaluating satisfaction with the training process and content; the impact the training had on the practice of supervision; the benefit of professional supervision to the supervisor, supervisee, service user and the organisation; and, strengths, barriers and limitations of the process. Suggestions for the ongoing implementation of supervision within the pilot site and for other providers who may wish to implement the training structure were developed.
- A report detailing the results of the evaluation with recommendations would be presented to Te Pou.

2.3 PROFESSIONAL SUPERVISION TRAINING PROGRAMME DESCRIPTION

The professional supervision training programme for supervisors and supervisees was based on the principles set out in the *"National Guidelines for Professional Supervision for Mental Health & Addiction*

Nurses" (Te Pou, 2009) and as suggested by McKenna et al. (2008) in their review of the international and local literature on best practice in professional supervision.

A multitude of ways to train nurses and other health professionals in professional supervision is discussed in the literature (e.g. Bishop, 2007; Bond and Holland, 1999; Culbreth and Brown, 2010; Milne, 2009). However, there is agreement that a mix of didactic and experiential learning is critical especially for beginning supervisors and essential for adult learners. There is also general agreement that the core content of professional supervision training courses includes both an introduction to the theory of professional supervision and a focus on specific professional supervision techniques and skills. This includes an emphasis on teaching the theory and practice of basic principles of learning and in particular teaching skills to develop reflective practitioners and having direct observation of an actual practice of supervision with feedback.

McKenna et al. (2008) contend that "it is futile to presume that one model of supervision could accommodate all services" (p.40) adding that a number of models have emerged that provide a framework to guide the supervisory process. They comment further that these models vary considerably in terms of emphasis and there is confusion about what is a model or essential ingredients of professional supervision which in turn creates a lack of consistency in the teaching and approaches to supervision. Instead McKenna et al. (2008) recommend focusing on the structure of professional supervision by addressing the administrative, educative and supportive functions. This then accommodates a variety of models, ensures a consistency across organisations and that the functions of professional supervision are all addressed.

This course was based on these principles and designed to be an introduction to professional supervision. The content and process was also similar to the supervisor training courses already presented on two occasions in NDHB. Using a similar course was seen to be essential to continuing to build capacity of professional supervision in NDHB. All participants in training to date would then have the same language and understanding of professional supervision.

Training both supervisors and supervisees was considered an essential component of the training process as this ensured a shared understanding and consistent approach to professional supervision (Carroll, 2005).

The three day supervisor's workshop comprised a two day workshop focusing on both an introduction to the theory and practice of professional supervision and on teaching core skills, and, a practice based day held one month later. On this day and in groups of four, supervisors presented a sample of a supervision session with one of their supervisees via video or audio tape for reflection and critique. The one day supervisees' workshop focused on the practical and core skills of professional supervision.

The content of both workshops aimed to increase understanding of essential supervision theory and skills. Specific content focused on:

- defining features of professional supervision including definitions, models and functions, a discussion regarding cultural supervision and the benefits and barriers to professional supervision
- the principles that underpin the practice of professional supervision, that is, practising ethically, building a positive alliance and relationship, adult learning and reflective practice, understanding a supervisee's development in terms of their need for support and challenge

- specific skills to set up effective supervision – self-awareness, pre-supervision meetings, developing agreements, the content and structure of sessions, methods and techniques, goal setting including a focus on developing competencies (New Zealand Nursing Council Competencies (2008) and *"Let's get real"* (Ministry of Health, 2008)) and feedback and evaluation.

The learning methodology was varied and included presentation and discussion of theory, the use of reflective exercises and practice action based methods such as modelling by the facilitators, guided role plays, case study or scenario discussions and the practice based follow up day.

3.0 PILOT SITE – NORTHLAND DISTRICT HEALTH BOARD

Northland DHB was selected to be the pilot site from a formal Expression of Interest (EOI) process. There were 118 full time equivalent (FTE) registered mental health nurses in this DHB working across urban and rural areas in acute, inpatient, community service and crisis teams. Services were based across a large geographical area serving a population of about 148,500 people. After a lull in the provision of training, approximately 20 mental health and addiction nurses had already attended professional supervision training for supervisors facilitated by Fiona Howard and Sue Cowie, both Registered Psychologists. Others had been trained previously by other providers.

Interviews with NDHB staff indicated that there was an enthusiasm and commitment for professional supervision. Training in professional supervision was seen as a way of building professional skills and improving practice. It was unclear how many people were currently being supervised and the policy and procedures for professional supervision were under development. The term clinical supervision was used routinely to describe supervision and there appeared to be some confusion over what supervision was as some staff were reported to view supervision negatively. The possible barriers to professional supervision noted included distance, venue, time, nature of crisis and inpatient work, concerns about confidentiality given the small numbers of staff and problems with retention and recruitment.

The Professional Supervision Coordinator invited staff to enrol in this programme and targeted specific staff for enrolment. The Professional Supervision Coordinator and Professional Nurse Leader, Mental Health then matched supervisors with supervisees according to criteria they developed, that is, clinical expertise, stated cultural factors and perceived personality. Some supervisors were supervising supervisees in the same setting and others in different settings from that of their own.

3.1 PARTICIPANTS

Fifteen registered nurses attended the supervisors' workshop and 18 attended the supervisees' workshop. Three of the 15 supervisors were not involved in the supervision of a supervisee: one was in a management position; one was the Professional Supervision Coordinator, and one the Professional Nurse Leader Mental Health. The Professional Supervision Coordinator and the Professional Nurse Leader Mental Health also attended the supervisee training. One supervisor completed the training but was unable to begin professional supervision for personal reasons. Therefore 11 supervisors were to provide the professional supervision for 16 supervisees.

While the Professional leader of Mental Health Nursing and the Professional Supervision Coordinator facilitated the training for the pilot, they were not directly involved in supervision. This was to ensure they could provide appropriate support to all participants and maintain an overall strategic perspective on the pilot.

During the six month period, four supervisees either changed position or left the organisation although the two who had left the organisation agreed to continue with supervision until the pilot ended; one supervisee changed supervisor (due to the supervisor changing position) and one pair were unable to continue with the supervision process due to a perceived personality mismatch.

3.2 INFORMATION OBTAINED PRIOR TO THE WORKSHOP

All participants were asked to complete a pre-workshop questionnaire (Appendix 1). This questionnaire sought information on current position, experience at giving and receiving supervision, past training in supervision, expectations of training and how they perceived training would assist their practice. This information was used to finalise the content of the workshop.

3.2.1 Supervisors

Of the 15 participants enrolled in the supervisors' training, all were registered nurses (see Table 1 for demographic data). Their experience in mental health ranged from four to more than 25 years. Fourteen were employed by NDHB and two by a Primary Health Organisation (PHO). This information was obtained from the Coordinator.

Table 1: demographic data of supervisors

	Gender		Ethnicity		
	Male	Female	European	Maori	Other
Supervisors	7	8	9	6	-

Nine supervisors completed the pre-workshop training questionnaire (see Appendix 1). All nine noted that they had received professional supervision at some point in their careers. Four of these supervisors reported providing supervision to supervisees not in the pilot study. Four noted that they were currently receiving professional supervision with the remainder indicating that they had none or used informal supervision as and when required. One person noted they were receiving cultural supervision. Seven of the nine participants had attended training in professional supervision – one was completing a postgraduate Certificate in Professional Supervision, one supervisor had attended basic training at Central Institute of Technology, another a course by Mike Considine, another had attended the previous training facilitated by Fiona Howard and Sue Cowie and others brief short courses.

The nine supervisors ratings of their skills and knowledge in professional supervision from not at all to very good (see Table 2).

Table 2: supervisors' rating of skills prior to workshop

Not At All	Somewhat	Moderate	Very Good	Excellent
1	3	2	3	0

The supervisors' expectations of training included: wanting to update their knowledge and build on previous knowledge; to understand the ethical/legislative responsibilities in the professional supervision relationship; to further develop strategies to enhance their skills and the effectiveness of professional supervision; to cover ways to conduct supervision in rural remote locations; to understand the legal and contractual obligations of supervision; and to understand conflict resolution.

3.2.2 Supervisees

Of the 18 participants enrolled in the supervisee training, all were registered nurses and their experience in mental health ranged from less than one year to more than 25 years (see Table 3 for demographic data).

Seventeen were employed by NDHB and one by the Northland Polytechnic. This information was obtained from the Coordinator.

Table 3: demographic data of supervisees

	Gender		Ethnicity		
	Male	Female	European	Maori	Other
Supervisees	3	15	7	10	1

Of the 12 supervisees who completed the pre-training questionnaire, four had attended introductory professional supervision training in the past, nine noted that they had some professional supervision in the past and six noted they were being supervised currently.

The supervisees' ratings of their skills and knowledge in professional supervision ranged from not at all to very good (see Table 4).

Table 4: supervisees' rating of skills prior to workshop

Not At All	Somewhat	Moderate	Very Good	Excellent
5	4	2	1	0

Their expectations of the training included the following: wanting to increase their knowledge and skills in professional supervision; to develop an understanding of the expectations of supervisees and supervisors; to maximise the benefits of professional supervision to better develop clinical practice; to better develop clinical practice through reflection; to build confidence and decrease anxiety and stress; to better implement and understand cultural competencies. All supervisees also noted that supervision would have an impact on their practice and ultimately on the provision of services to service users.

3.2.3 Summary

In summary:

- 16 supervision pairs participated in the professional supervision training – 11 supervisors and 16 supervisees.
- The demographic data obtained suggests that the participants were typical of mental health nurse staffing in DHBs across New Zealand.
- The participants' experience in mental health ranged from less than one year to over 25 years.
- Few supervisors and supervisees were currently receiving professional supervision regularly and consistently.
- There was considerable variation in supervisors' and supervisees' self report of their skills and knowledge of professional supervision.
- While more supervisors than supervisors had attended training in supervision there was considerable variation in the type of training.
- Both supervisors and supervisees had clear expectations for the content of the workshop.

4.0 EVALUATION PROCESS

The evaluation of this pilot addressed four specific questions. These were as follows.

1. How satisfied were the supervisors and supervisees with the workshop content and process?
2. 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?
3. What benefit did professional supervision add to supervisors, supervisees, service users and the organisation from the perspective of the supervisor, supervisees and managers?
4. What strengths, barriers and limitations were there to the implementation of professional supervision in this DHB?

This report will conclude with recommendations to NDHB regarding the ongoing practice of professional supervision within their organisation, as well as to other DHBs and organisations who may wish to also implement professional supervision.

4.1 EVALUATION TOOLS

Four evaluations tools were used. These were: post-workshop satisfaction questionnaires – midway and final questionnaires; focus group discussion; and telephone interviews.

4.1.1 Post-workshop satisfaction questionnaires

A post-workshop satisfaction questionnaire (see Appendix 2) was completed by supervisors at the conclusion of the two day workshop training and then again one month later at the conclusion of the practice-based follow-up day. Supervisees completed the same questionnaire at the conclusion of their one day workshop. This brief questionnaire was to gather immediate views on the process and content of the training, and on how participants may use the learning gained in their practice. Questions focused specifically on the following.

Overall satisfaction. Participants were asked to rate their overall satisfaction with the course, the facilitators and whether the course met their needs. In addition, they were asked to agree/disagree with statements related to the course structure, the facilitators and the presentation. Participants also had the opportunity to comment on what part of the course they got the most learning from as well as what was not useful in the content.

Implementation of professional supervision. Participants were asked to predict what they would do differently in professional supervision sessions and whether their manager, supervisee or service user would notice any changes in their behaviour. They were asked to identify possible barriers to implementing professional supervision in their organisation and to comment on what assistance they needed to implement professional supervision in their workplace.

Fifteen supervisors (100%) completed the post-workshop questionnaire and 13 supervisors (86%) completed the follow-up practice day questionnaire. Twelve supervisees (75%) completed the post-workshop questionnaire. Participants were asked to complete a questionnaire prior to leaving each session; however early departures, bad weather and threats of flooding (supervisees' workshop) and time constraints (supervisors' follow-up practice day) prevented this.

4.1.2 Midway and final questionnaires

Midway (three months) and final (six months) (see Appendices 3 and 4) evaluation questionnaires were emailed to all participants. These questionnaires were more detailed and focused on evaluating the content of the training and implementation of professional supervision across the duration of the project and in the future from the perspective of the supervisors and supervisees. The same questionnaires were used at both evaluation points to allow for comparison of development across time.

The five sections in the questionnaire were as follows.

1. **Overall satisfaction.** Participants were asked to rate their overall satisfaction of whether the professional supervision course met their needs, the process of implementing supervision and the organisational support of professional supervision.
2. **Current professional supervision arrangements and practice.** Participants were asked to: report frequency, duration and venue of professional supervision sessions; to rate the utility of the sessions for the supervisee; to rate their perception of their skills and knowledge in professional supervision; to describe the content of sessions; and describe the outcome of specific issues brought to supervision.
3. **Workshop content.** Participants were asked to rate the specific content of the workshop and comment on what they felt was useful and not useful in the training now that they were engaged in professional supervision.
4. **Implementation of professional supervision in the workplace.** Participants were asked to comment on: what was working well and not working well in professional supervision sessions;, what they were doing differently in their practice of professional supervision; the barriers to implementing professional supervision; the changes that may have occurred in their clinical work with service users and whether any change would be noticed by the manager or professional leader; and whether the training in professional supervision had impacted more generally on their clinical practice.
5. **Organisational support for professional supervision.** Participants were asked to comment on: the role of the Professional Supervision Coordinator; what needed to occur after the pilot concluded; what their DHB needed to do to ensure professional supervision continued; and what advice they might give to other DHBs should those organisations wish to implement professional supervision.

Seven of the 11 supervisors (64%) completed the midway evaluation questionnaire and seven of the 11 supervisors (64%) completed the final questionnaire. Ten of the 16 supervisees (62%) completed the midway evaluation questionnaire and five of the 16 supervisees (29%) completed the final questionnaire. Participants received reminder emails and telephone calls and were given opportunities to return the questionnaires via email or post.

Although a return rate of over 60% is very acceptable for mailed questionnaires the return rate for supervisees' final questionnaire (29%), while at an acceptable level for mailed questionnaires, was disappointing. It was interesting to note the comments from supervisors and supervisees regarding the completion of the questionnaires. Individual comments included such factors as supervision pairs had not met on enough occasions to warrant comment (supervision pairs were to meet monthly) on the midway questionnaire. Others felt they had nothing further to add after completing the midway questionnaire and for others the questionnaires were too long. Finding time to complete the questionnaires, issues related to

computer competence, and for some a lack of interest was cited as reasons for the non-completion of the questionnaires. Despite these reported difficulties, further analysis of both questionnaires indicated that 23 of the 27 participants (85%) completed at least one of the two questionnaires. Only three participants did not provide any reply and there is one unnamed questionnaire. Added to this analysis indicated that there were no significant differences in responses between the two questionnaires.

The data obtained was analysed in terms of the four evaluation questions.

4.1.3 Focus group discussion

All participants were invited to attend a focus group discussion led by the Professional Supervision Coordinator. Six supervisors attended the focus group with two providing written feedback (73%). Three supervisors (19%) attended their focus group. Participants were asked to discuss the following.

- The efficacy of the workshop by identifying benefits (what worked) and challenges (what didn't work).
- Issues that enhanced or challenged the effective delivery of professional supervision during the pilot.
- Strategies to enhance the continued embedding of professional supervision within NDHB and whether they would participate in the pilot again.

Their responses were recorded on flipchart paper and/or Post-it notes which were sent to the facilitator. These have been analysed in terms of the evaluation questions posed.

4.1.4 Telephone interviews

The facilitator conducted interviews with the NDHB Professional Supervisor Coordinator, Professional Nurse Leader Mental Health and three Nurse Managers at the conclusion of the project. The questions asked included the following.

- From their perspective what worked and didn't work regarding the workshop?
- What worked and didn't work in the implementation of professional supervision in NDHB?
- What else needed to be done to further embed professional supervision practice within the NDHB?
- What would they suggest to other DHBs who may be considering implementing professional supervision?

4.1.5 Summary

In summary:

- The evaluation set out to answer four questions. These included: satisfaction with the workshop content and process; the impact of the training on the practice of professional supervision during the six month pilot; the benefit of professional supervision to the supervisors, supervisees, service users and the organisation; and the strength, barriers and limitations of the process.
- Four evaluation tools were used: post-workshop midway and final questionnaires; focus group discussions; and telephone interviews with manager.
- Recommendations for the implementation professional supervision practice in other DHBs and organisations and for the ongoing implementation of professional supervision in NDHB were to be made.

5.0 RESULTS

Information obtained from all evaluation tools was analysed according to the four evaluation questionnaires. The analysis is presented here under each of these questions. Each section will conclude with a summary of the results.

5.1 HOW SATISFIED WERE THE SUPERVISORS AND THE SUPERVISEES WITH THE WORKSHOP CONTENT AND PROCESS?

Results from each of the evaluation tools which relate to this question will be reported here.

5.1.1 Post-workshop questionnaires – supervisors and supervisees

In order to address the question of satisfaction with workshop content and process, supervisors and supervisees were asked to rate their overall satisfaction with the course, facilitators and whether the course met their needs; their agreement/disagreement with statements describing the course process, content and presenter's style; and to comment on what part of the course they gained the most learning from, as well as what was not useful in the content on the post workshop questionnaires.

Ratings of overall satisfaction:

Supervisors and supervisees rated their overall satisfaction with the course facilitators and whether the course met their needs on a 1 (not satisfied) to 6 (very satisfied) scale. They were asked to state their agreement/disagreement with statements describing the course process, content and presenters' style on a 1 (strongly disagree) to 6 (strongly agree) scale. The mean, mode and medium of these rates for both supervisors and supervisees are presented in Table 5.

Consistently high (ratings of 4, 5 or 6) indicate both supervisors and supervisees were satisfied to very satisfied with the course, facilitators and that the course met their needs. Similarly, both supervisors and supervisees strongly agreed (ratings 4, 5 or 6) with statements related to aspects of the course process, content and presenters' style.

Table 5: workshop ratings of satisfaction by supervisors and supervisees

	Supervisee Post-workshop			Supervisor Post-workshop			Post-practice day		
	Mean	Median	Mode	Mean	Median	Mode	Mean	Median	Mode
Overall									
How would you rate the course?	5.31	5	6	4.93	5	5	5.08	5	5
How would you rate the facilitators?	5.61	6	6	5.07	5	6	5.27	5	5
Did the course satisfy your needs?	5.23	5	5	4.97	5.5	6	4.67	5	5
The course									
Material was easy to understand	5.38	5	6	5.07	5.5	6	5.18	5	5
Time allocated for each topic was adequate	5.00	5	6	4.20	5	4	5.18	5	5
Was interesting and enjoyable	5.08	5	6	4.86	4	5	5.25	5	6
I understood all parts of the course	4.92	5	5	4.86	5	5	5.08	5	5
The content was relevant to being supervised in my workplace	5.42	5.5	6	5.15	5	6	5.27	5	6
The presenters									
Were friendly, helpful and enthusiastic	5.69	6	6	5.40	6	6	5.50	6	6
Had excellent subject knowledge	5.85	6	6	5.40	6	6	5.50	6	6
Paced the session appropriately	5.38	6	6	5.03	5.5	6	5.42	5.5	6
Ensured active participation of all group members	5.62	6	6	5.20	5	6	5.38	5.75	6
Shared examples and/or personal experiences	5.23	5	5	5.07	5	5	5.08	5	5
Listened and responded to questions effectively	5.77	6	6	5.20	5	6	5.27	5	6
Facilitated the learning for participants	5.77	6	6	5.33	6	6	5.45	6	6

Qualitative comments:

The supervisors' comments on the post-workshop and post-practice questionnaires were similar and indicated that their greatest learning occurred during the practical components of the professional supervision training programme (specifically modelling by the facilitators, small group guided role plays, scenarios, discussions) as well as during the practise-based follow up day. Supervisors also noted that the most useful content related to the following: understanding how to structure and focus sessions; agenda

setting; understanding different learning styles; the importance of the Kolb (1984) experiential learning cycle; and one supervisor commented that relating content to the guidelines and *"Let's get real"* (Ministry of Health, 2008) was very good.

Supervisees' comments indicated that the most useful content included the following: the definitions of professional supervision; the expectations and roles of a supervisor, supervisee and the organisation; the usefulness of learning styles and the impact that these have on supervision; building relationships; the Kolb (1984) experiential learning cycle; reflective questioning and the need to be prepared for supervision.

General comments by both supervisors and supervisees included such things as "interesting and helpful overall"; "nice pace and flow"; "enjoyed the interaction"; "great presentation"; "very useful"; "great learning environment"; "I'm glad I now have a structure for supervision and I'm glad my supervisor will have training as I think we both are struggling"; "even the role plays were okay and doable".

While most participants noted that there was nothing in the course that wasn't useful for them as a supervisor or supervisee, there were four individual comments: "the introduction or start of the workshop day was not useful"; "cultural supervision was not discussed in sufficient detail"; the course was "rushed and confusing"; and one comment that indicated the supervisee had not understood what supervision was.

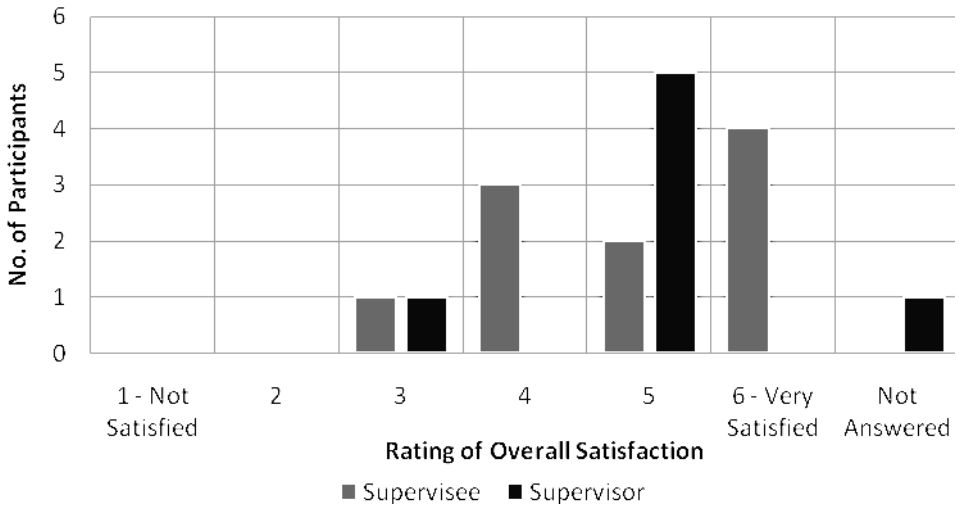
5.1.2 Midway questionnaires

In order to address the evaluation question of satisfaction with the workshop content and process, supervisors and supervisees were asked to rate their overall satisfaction that the professional supervision course met their needs for the first three months of the pilot; rate the workshop content in terms of the greatest use for engaging in and starting professional supervision; to note any topics that weren't included that should have been; and asked for any additional comments

Ratings of overall satisfaction:

Supervisors and supervisees rated their overall satisfaction that the professional supervision course met their needs as either a supervisor or supervisee on a 1 (not satisfied) to 6 (very satisfied) scale. Both supervisors' and supervisees' responses were similar indicating both groups were satisfied to very satisfied (ratings of 4, 5 and 6).

Figure 1: supervisors' and supervisees' midway overall satisfaction that the professional supervision course met their needs



Ratings of course content:

Supervisors and supervisees were asked to rate the workshop content in terms of what was of greatest use for engaging in and starting professional supervision for the first three months of the pilot. Each topic was rated on 1 (not useful) to 6 (very useful) scale. The results indicated that both supervisors and supervisees rated all topics moderately to highly useful. Two supervisors noted that cultural supervision and learning styles as not being useful (see Table 7).

Table 6: supervisors' and supervisees' midway ratings of course content

	Not Useful						Very Useful									
	1		2		3		4		5		6		Not Answered		Not Known	
	S'or	S'ee	S'or	S'ee	S'or	S'ee	S'or	S'ee	S'or	S'ee	S'or	S'ee	S'or	S'ee	S'or	S'ee
What professional supervision is and isn't								2	2	1	3	3	2		3	1
How cultural supervision fits with professional supervision			1		1			3		3	2	2	3			2
The administrative, educative and supportive function of professional supervision					1		1	3		3	3	4	2			
Benefits and barriers						1	1	2	1	3	3	1	2	3		
Ethics of professional supervision						1	1	3	1	1	3	3	2	2		
Developing the supervisory relationship						1	1	3	2	1	2	5	2			
Learning styles			1			1	2	1		3	2	3	2	2		
Kolb learning cycle					1	1			3	3	3	3		1		2
Support and challenge					2	1		3	2	2	1	3	2	1		
Completing a self audit of skills					1		1		1		2		2			
Structuring sessions					1		2	2		3	3	1	2	1		2
Supervision agreements					1	1	1	1		5	4	2	2	1		
Preparing for supervision							1	1		3	4	4	2	1		1
Note taking					1		3	2	3	2	1	4	2	1		1
Providing feedback					1	2	1		3	3	2	3	2	2		
Evaluation						2		1	4	2	1	3	2	2		

Note: numbers refer to numbers of participants selecting that rating point.

Qualitative comments:

Supervisors and supervisees were asked also for any additional comments and whether there were topics not covered that should have been in the training workshop.

Comments indicated that the shared understanding of theory, practice and expectations of professional supervision between the supervisor and supervisee was important to the process. Four participants suggested additional content: one supervisee commented on the need for further training in cultural supervision; two supervisors suggested that further training in mental health nursing supervision models would be valuable; and another supervisor suggested the need for further training in supporting supervisees who were exhibiting signs of stress and burn-out. One supervisor noted that completing the questionnaire was a potential breach of trust and confidentiality between the supervisor and supervisee. Two supervisors and three supervisees did not complete the question.

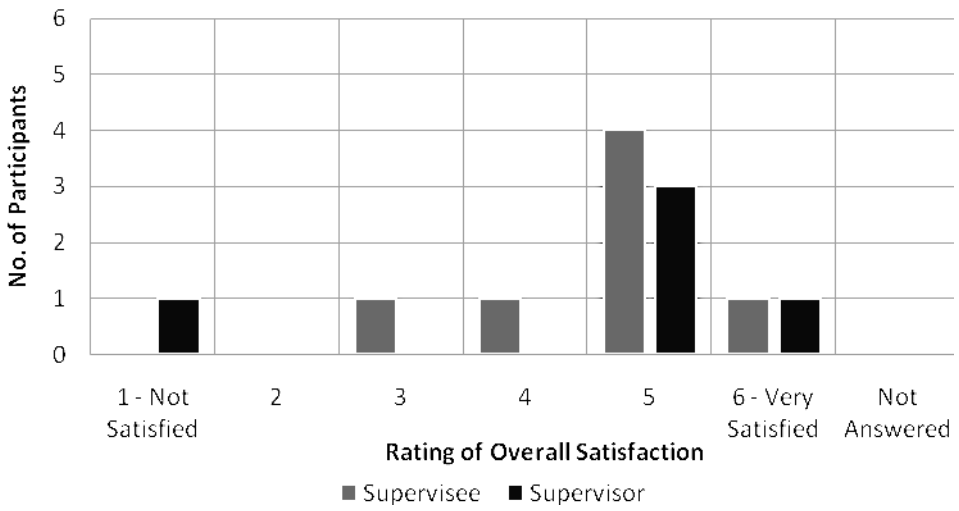
5.1.3 Final questionnaires

In order to address the questionnaire of satisfaction with workshop content and process, supervisors and supervisees were asked to rate their overall satisfaction that the professional supervision course met their needs for the final three months of the pilot; to rate the workshop content in terms of the greatest use for engaging in and starting professional supervision; to note any topics that weren't included that should have been; for any additional comments.

Ratings of overall satisfaction:

Supervisors and supervisees were asked to rate their overall satisfaction that the professional supervision course met their needs on a 1 (not satisfied) to 6 (very satisfied) scale. Both supervisors and supervisees responses were similar rating their overall satisfaction as satisfied to very satisfied (see Figure 2). These ratings were similar to those of the midway questionnaire. There was only one significant change with one supervisee who rated their satisfaction as not at all.

Figure 2: supervisors' and supervisees' final overall satisfaction that their professional supervision course met their needs



Ratings of course content:

Supervisors and supervisees were asked to rate the workshop content in terms of what was of greatest use for engaging and starting with professional supervision. Each topic was rated on 1 (not useful) to 6 (very useful) scale (see Table 8). As with the midway questionnaire supervisors ratings were mostly satisfied to very satisfied. Two supervisors noted that the Kolb (1984) experiential learning cycle and a self audit was not useful. There was one significant change with one supervisee rating all items as not useful.

Table 7: supervisors' and supervisees' final ratings of course content

	Not Useful						Very Useful									
	1		2		3		4		5		6		N/A		Not Answered	
	S'or	S'ee	S'or	S'ee	S'or	S'ee	S'or	S'ee	S'or	S'ee	S'or	S'ee	S'or	S'ee	S'or	S'ee
What professional supervision is and isn't				1	1		1		4	2	1	2				
How cultural supervision fits with professional supervision				1	3	1			2	3	1		1			
The administrative, educative and supportive function of professional supervision				1	2		1		2	3	2	1				
Benefits and barriers				1	1		1		3	2	2	1				1
Ethic of professional supervision				1			1		3	3	3	1				
Developing the supervisory relationship					1		2	1	1	1	3	3				
Learning styles					1	1			5	3		1			1	
Kolb learning cycle	1				1		1	1	3	2	1	1				1
Support and challenge				1	1		1	2	3		2	2				
Completing a self audit of skills			1		1		1	2	2		2	2				1
Structuring sessions				1	1		2		2	2	2	2				
Supervision agreements			1	1	1		1		1	3	3	1				
Preparing for supervision		1					2		2	2	3	2				
Note taking			1	1	1		1	1	3	2		1			1	
Providing feedback					2		1		2	2	1	2			1	1
Evaluation					1		1		4	2	1	2				1

Note: numbers refer to numbers of participants selecting that rating point.

Qualitative comments:

Supervisors and supervisees were also asked for any additional comments and whether there were topics not covered that should have been in the training workshop. No suggestions for additional topics to be included in the workshop content were made. Additional comments included one supervisor suggesting an annual refresher course; another the need for more nursing input into the training; another the value of discussing personal issues as it affects the supervisee's work; and one supervisee suggested having "practice runs of sessions to assist with the format of sessions". No other comments were made.

5.1.4 Focus group discussions

Supervisors and supervisees were specifically asked to comment on the benefits (what worked) and challenges (what didn't work) in the workshop content and process.

The results from the focus group discussions were similar to those on the post-workshop, midway and final questionnaires. Supervisees noted content specifically (what supervision is and isn't, structure, roles and expectations especially for themselves, knowing what to do in supervision sessions having a plan and structure, benefits for a supervisee, and understanding feedback) as being of the greatest benefit. Supervisors noted both the process (facilitator modelling, guided small group role plays and practice day) and content (structure and form of professional supervision, learning styles, contracting, ethics, and Kolb's (1984) experiential learning cycle and assurance of confidentiality of professional supervision) of the greatest benefit. Both groups also noted the importance of training the supervisors as well as supervisees. Supervisees then came prepared "to work" and the "supervisees knew why they were there and how best to utilise their sessions". Having the training away from work and distractions were also seen as being positive components. One supervisor suggested that a "refresher would be useful as it was hard to remember it all and as the content was new, it took time to get my head around it".

Supervisors had no comment regarding what didn't work and supervisees suggested the course felt rushed ("two days would be better") and perhaps supervisees could bring an "issue or scenario to work through".

5.1.5 Telephone interviews

While interviewees did not comment on the specifics of the workshop content and process all commented that they had received positive feedback regarding the training, that it provided a structure to professional supervision and clarified what professional supervision was and wasn't.

5.1.6 Summary

In summary and across all evaluation tools:

- Both supervisors and supervisees indicated that they were satisfied to very satisfied with the content and process of the professional supervision. With minor exceptions the content was seen to be useful to very useful.
- Comments indicated that training both supervisees and supervisors was seen to be critical as were the practice-based tasks during the workshops and at the follow up day for supervisors.
- Both supervisors and supervisees identified the elements of the training that they found most useful with supervisees commenting specifically on content and supervisors on content and learning process. Only a few comments were made suggesting additions or changes to the content and process.

These results support the findings from the literature that effective supervision training requires a focus on both the theory of professional supervision and practical skills and should include both didactic and practice-based learning.

5.2 WHAT WAS THE IMPACT OF THE PROFESSIONAL SUPERVISION TRAINING ON THE SUPERVISION PRACTICE OF SUPERVISORS AND SUPERVISEES?

Results from each of the evaluation tools which relate to this question will be reported here.

5.2.1 Midway questionnaires

In order to address the question regarding the impact of professional supervision training on the supervision practice of supervisors and supervisees, supervisors and supervisees were asked to report the frequency, duration and venue; rate their overall satisfaction with the implementation of professional supervision for the first three months of the pilot; rate the utility of professional supervision sessions and their own skills and knowledge in professional supervision; to identify what was working well and not well in sessions now that they had been meeting for three months; comment on what they were doing differently in professional supervision meetings since attending the workshop and describe the content of a professional supervision session.

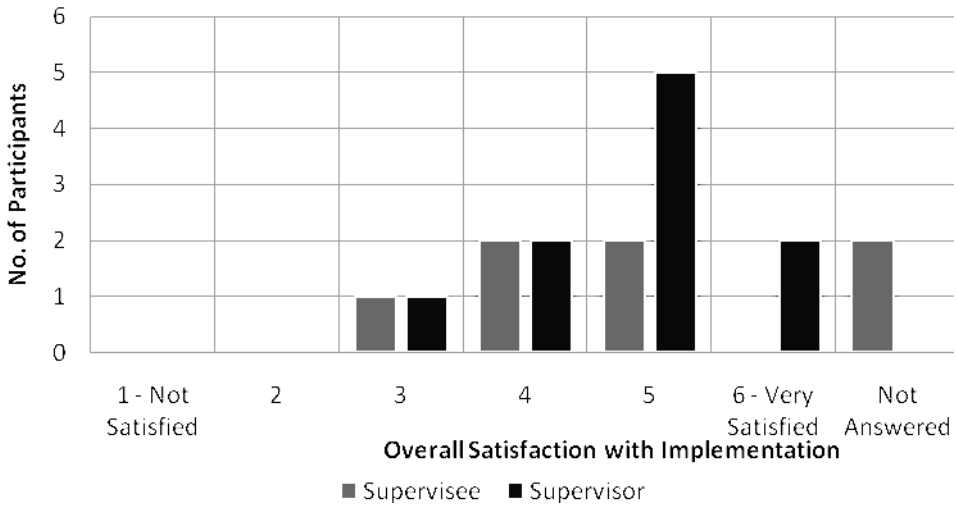
Professional supervision arrangements:

Supervision pairs had met between two and six times, their place of meeting included on site offices, meeting rooms, via skype and in private homes. Session length varied between an hour and an hour and a half.

Ratings of overall satisfaction with implementation

Supervisors and supervisees' rated their overall satisfaction with the implementation of professional supervision on a 1 (not satisfied) to 6 (very satisfied) scale. The responses indicated they were satisfied to very satisfied with the implementation of professional supervision in the first three months of supervision (see Figure 3).

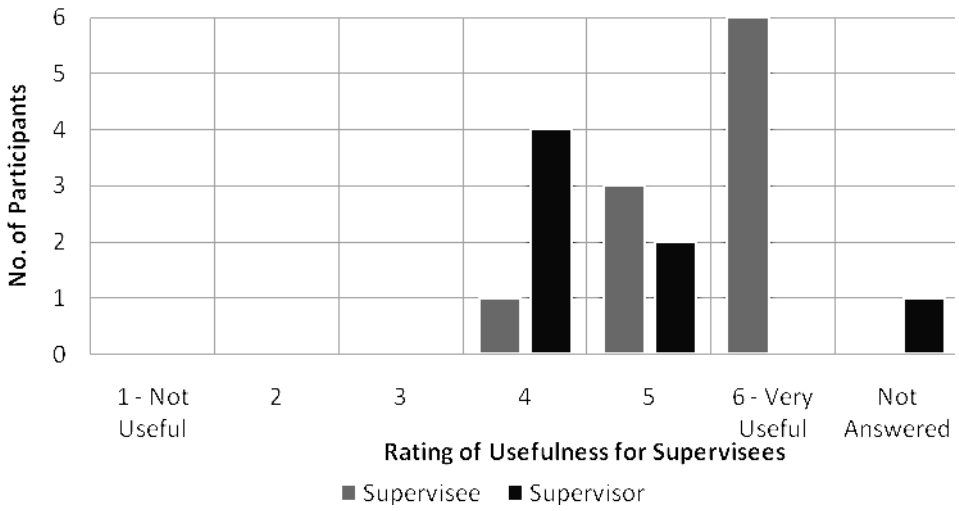
Figure 3: supervisors' and supervisees' midway ratings of overall satisfaction with the implementation of professional supervision



Ratings of usefulness of professional supervision for the supervisee:

Supervisors and supervisees rated the usefulness of the professional supervision for the supervisee on a 1 (not useful) to 6 (very useful) scale. The results indicated that they both rated the usefulness of professional supervision as moderately to very useful for the first three months of supervision (see Figure 4).

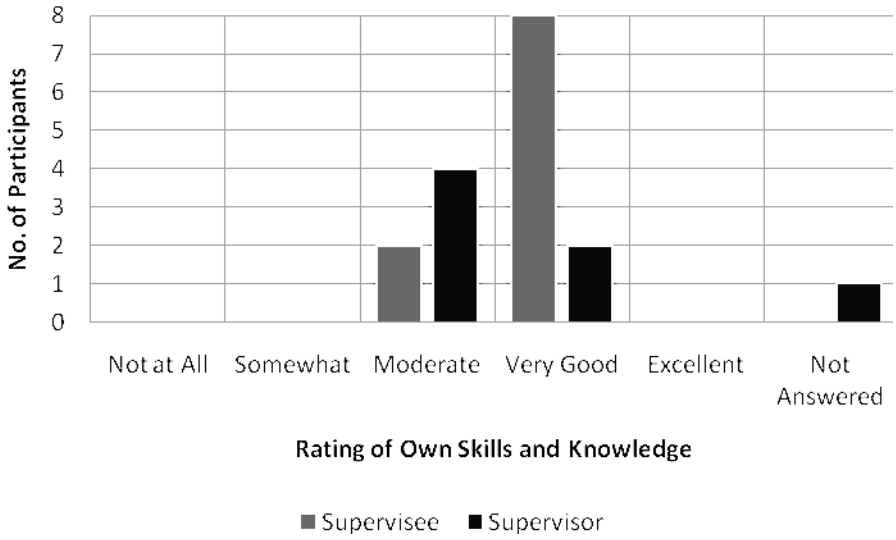
Figure 4: supervisors' and supervisees' midway ratings of the usefulness of the professional supervision sessions for the supervisee



Ratings of own skills and knowledge:

Supervisors and supervisees rated their own skills in and knowledge of professional supervision as on a not at all to excellent scale. The results indicated that both groups rated their skills as moderate and very good. When compared with the pre-workshop ratings, both supervisors and supervisees ratings of their skills and knowledge were higher, indicating increased confidence and usefulness of professional supervision.

Figure 5: supervisors' and supervisees' midway rating of their own skills and knowledge of professional supervision



Qualitative comments:
The comments made by supervisors and supervisees regarding what was working and not working in professional supervision sessions, now that they had been meeting for three months, were similar. These comments also indicated that the specific skills taught in the workshop were being utilised and that there had been a positive impact on attitudes towards professional supervision.

Supervisors' comments regarding what was working included the following: that supervisees were prepared for professional supervision; their enthusiasm for "dedicated time out to reflect on how things are going for them and to identify and address areas of concern"; that each party understood the other's role, the structure and format of sessions; keeping notes for "us both to reflect on" and "willingness to share personal issues knowing there was confidentiality". Supervisee comments were more detailed and included planned process for reflection and debrief; permission to take time out from a heavy workload: good rapport and an emotionally safe environment; appropriate support and challenge to look for options and new ways; regular sessions; gaining practical knowledge; feedback; availability; the focus on the supervisee; having a format; sharing relevant personal issues; and problem solving.

Concerns about what was not working seemed structural and related to organisational factors and reflected the barriers noted in the pre-supervision questionnaires. They included learning to use skype; tiredness at the end of the day; the lack of continuity and frequency of sessions; the difficult in making times to meet across community and inpatient settings and the unpredictable nature of service needs impacting on professional supervision.

Those supervisors and supervisees who were engaged in supervision prior to the workshop were asked what they were doing differently now. Only one supervisor commented noting an increase in confidence after having had both good and bad experiences of their own supervision. Supervisees made more comments. These included the following: setting goals; more structure to sessions including setting an agenda; a "greater focus on clinical matters"; discussing "more clinical matters"; appreciating and understanding the "responsibilities of a professional supervision relationship"; "the initial effectiveness of supervision would have taken longer to achieve"; a "sense of moving forward and achievement and closure on issues discussed"; and "evidence of progress". These clearly indicated appropriate changes to the practice of professional supervision.

The issues brought to supervision as reported by the supervisees and supervisors were all similar, appropriate and related to the functions of professional supervision – administrative, educative, and supportive (McKenna et al. (2008)). These included such things as safety and ethical concerns; professional matters; work with specific service users presentations; managing workload; confidence issues; working in a multi-disciplinary team (MDT); relationships with other staff; development of specific skills and knowledge; "client" career and professional development issues; assessment and case reviews.

5.2.2 Final questionnaires

In order to address the question regarding the impact of professional supervision training on the supervision practice of supervisors and supervisees, supervisors and supervisees were asked to report on the frequency, duration and venue; rate their overall satisfaction with the implementation of professional supervision for the final three months of the pilot; rate the utility of professional supervision sessions and their own skills and knowledge in professional supervision; to identify what was working well and not well

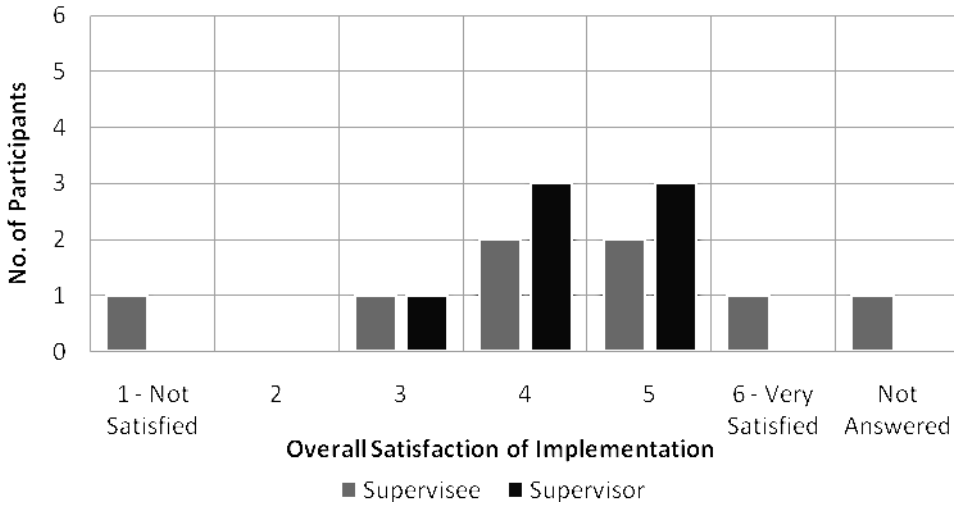
in sessions; comment on what they were doing differently in professional supervision meetings since attending the workshop; and describe the content of a professional supervision session.

Professional supervision arrangements:
Supervision pairs had met between one and nine times, their place of meeting included on site offices and meeting rooms, via skype, in a private home, or a coffee shop, and session length varied from an hour to an hour and a half.

Ratings of overall satisfaction:
Supervisors and supervisees rated their overall satisfaction with the implementation of professional supervision on a 1 (not satisfied) to 6 (very satisfied) scale.

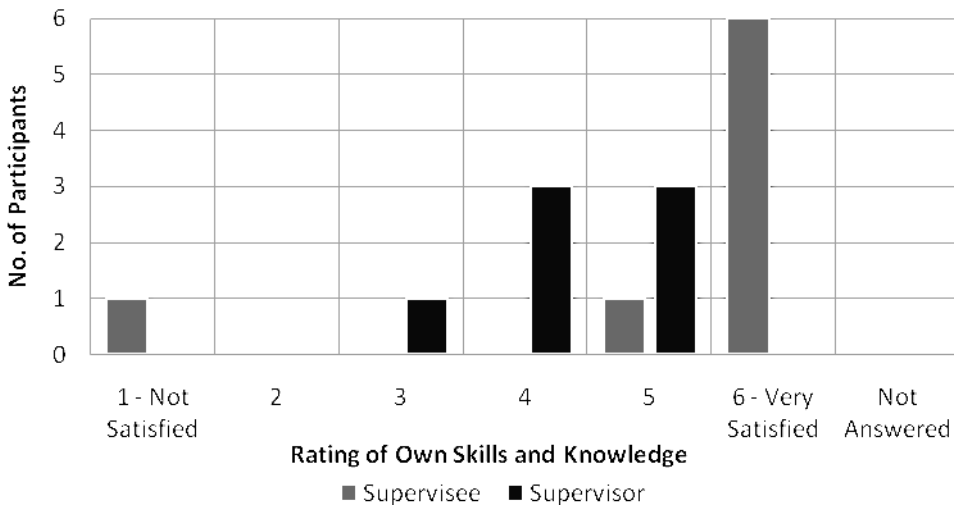
As with the midway questionnaire, supervisors and supervisees indicated that they were satisfied to very satisfied with the process of implementing supervision during the final three month period (see Figure 6). One supervisee was not satisfied with the implementation of professional supervision.

Figure 6: supervisors' and supervisees' final overall satisfaction with the implementation of professional supervision



Ratings of usefulness of professional supervision for the supervisee:
Supervisors and supervisees rated the usefulness of the professional supervision sessions for the supervisee on a 1 (not useful) to 6 (very useful) scale. The results indicate that both groups rated the usefulness of professional supervision as moderately to highly useful (see Figure 7). There was one supervisee who rated the supervision sessions as not useful.

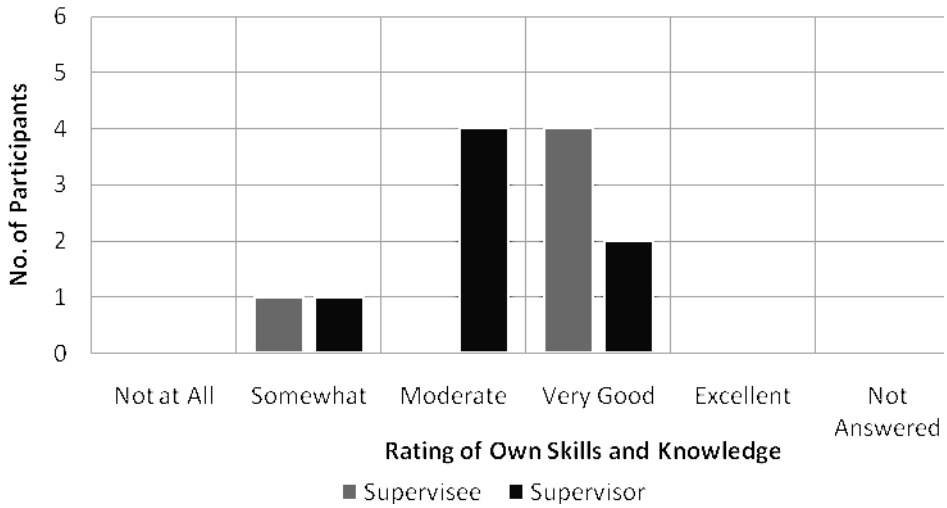
Figure 7: supervisors' and supervisees' final rating of the usefulness of professional supervision sessions for the supervisee



Ratings of skills and knowledge:

Supervisors and supervisees rated their skills and knowledge of professional supervision as on a not at all to excellent scale. The results indicate that both groups rated their skills and knowledge as moderate to very good (see Figure 8). These ratings were similar to those of the midway questionnaire. These were again higher than the ratings on the pre-workshop questionnaire, indicating that the initial confidence and usefulness of professional supervision had been maintained across the six months of the pilot.

Figure 8: supervisors' and supervisees' final rating of their own skills and knowledge of professional supervision



Qualitative comments:

Comments from both supervisors and supervisees regarding what was working well were similar to those made in the midway questionnaires, though they were briefer. Supervisors noted the increase in their supervisee's confidence in "identifying and finding solutions to problems"; supervisee's enthusiasm; the structure of sessions and the format and topics to cover; and communication as working well. Supervisees

noted on "honesty" and "mutual respect", "trust" and "feedback", and "opportunity to reflect on my practice and have feedback from another nurse" as working well.

Concerns regarding what was not working included difficulties related to note taking; finding a mutual time given schedules and shift work; and the lack of commitment of a supervisee.

Those supervisors and supervisees who were engaged in supervision prior to the workshop were asked what they were doing differently now. Three supervisors noted "using a whiteboard"; greater "structure"; taking "notes to allow for recap"; and an "increase in confidence". Three supervisees noted supervision "agreements" and "preparation"; more "structure"; and "feedback on goals".

As with the midway evaluation questionnaire, the issues brought to supervision as reported by both supervisees and supervisors were all appropriate and related to the functions of professional supervision – administrative, educative and supportive (McKenna et al., 2008). Examples given included the following: difficulties with colleagues, specific issues related to service users, caseload organisation, risk and safety concerns, staff conflict, work dynamics, cultural challenges and issues, and management of these dilemmas; how to work with colleagues to provide a good standard of care; safety concerns; and practice issues. These issues reported as being discussed were of a serious nature and demonstrate the importance of professional supervision in the safe practice of nursing.

5.2.3 Focus group discussions

In order to address the evaluation question regarding the impact of the supervision training on the supervision practice of supervisors and supervisees, supervisors and supervisees were specifically asked to comment on the issues that enhanced or challenged the effective delivery of professional supervision during the pilot.

The comments made by supervisors and supervisees in their focus groups indicated that the training in professional supervision had enhanced the practice of professional supervision. Supervisors commented that supervisees started the process engaged and prepared; that there was time to be reflective; on a "forum with structure to work one to one with a person and their wants"; "shared opportunities to understand other services"; "jointly agreeing to the rules of professional supervision"; and reinforcing the training given. Supervisees noted the "knowledge and help"; the "opportunity to find out about other services within the DHB"; and appreciated "jointly agreeing to the rules of supervision and the structure". Supervisees also commented on the trusting relationships that were established; that supervisors were "empathic and supportive"; the "protected time"; the "opportunity to reflect on practice"; and the "non-judgmental response from the supervisor".

Both supervisors and supervisees noted that challenges included not having protected time for sessions and finding a private venue. Supervisors noted the difficulty in re-engaging in supervision after a supervisee cancelled an appointment, and two supervisors noted ethical issues of safety of practice and a supervisee who was experiencing stress and burnout as challenges to work with. Supervisees noted confusion of roles and lack of note taking as challenges.

5.2.4 Telephone interviews

In order to address the question regarding the impact of professional supervision training on the supervision practice of supervisors and supervisees, the managers were specifically asked to comment on their observations.

They commented that some participants in the pilot had become engaged in professional supervision and were excited by the process. One person added this attitude change would help to embed professional supervision into the culture of the DHB. Managers acknowledged that there was now a database of possible supervisors and a completed policy. One manager noted the regular contact from Te Pou and the facilitator of the training as being a valuable part of the implementation process, as it provided support for the Professional Supervision Coordinator. All managers noted the importance of the Professional Supervision Coordinator's role, commenting that the role was pivotal to the implementation of professional supervision. As one person commented, the "process would have fallen over without him". Managers noted that the process of implementing professional supervision had not been easy with illness, personality differences, problems with accessing rooms, time and travel needing to be solved. All managers noted that it may be necessary to be more selective of who has access to the training, especially in a small DHB.

5.2.5 Summary

In summary, the following was clear from the comments made by supervisors, supervisees and managers and across all evaluation tools.

- The training content did impact significantly on the process of professional supervision.
- On both the midway and final questionnaire, supervisors and supervisees reported being satisfied to very satisfied with the implementation of professional supervision and 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 and this represented an increase over the ratings at the time of the pre-supervision workshop questionnaires.
- Their description of what was working in sessions indicated both supervisors and supervisees were using skills taught during the professional supervision workshop.
- The content of the session as described by supervisors and supervisees reflected the administrative, educative and supportive function of professional supervision.
- The role of Professional Supervision Coordinator was seen as critical to the implementation, ensuring that professional supervision did occur, that the difficulties were solved and the process facilitated after the workshop.
- Concerns regarding what was not working in professional supervision related mainly to structural and organisational factors.

5.3 WHAT BENEFIT HAS THE PROFESSIONAL SUPERVISION TRAINING ADDED TO SUPERVISORS, SUPERVISEES, SERVICE USERS AND THE ORGANISATION FROM THE PERSPECTIVE OF SUPERVISEES, SUPERVISORS AND MANAGERS?

5.3.1 Midway questionnaires

In order to address the question regarding the benefit of professional supervision training for supervisors, supervisees, service users and the organisation, supervisors and supervisees were asked to comment on the benefit for themselves and each other in terms of their clinical work and their work with service users. They were asked to provide an example of an issue taken to professional supervision, detailing the outcome from that discussion.

5.3.1.a Benefits for supervisors

Benefits for supervisors from their perspective:

Four supervisors commented that the experience of professional supervision had enhanced their professional practice both in supervision and with their own clients. For example, one supervisor commented that their assessment skills had been "enhanced", adding "I have broadened the questions I ask and delve into areas I would not have before"; another that they had a "sharpened awareness of being a good role model"; another that he/she had "added interest in practice issues"; another that she and two colleagues had done "presentations on professional supervision in their workplace"; and others that they were using "learning styles" in understanding their practice with "supervisees and clients". Three supervisors made no comment and one indicated that professional supervision had not impacted on their own work.

Four supervisors also described issues about supervision they had taken to their own supervision. These centred on confidentiality, cultural differences between a service user and supervisee and ethical dilemmas.

Benefits for the supervisee and service user:

Four supervisors commented that professional supervision had impacted on their supervisees' work with service users. One noted that their supervisee had a "forum to openly discuss issues without criticism so were able to explore different options for tangata whaiora"; another noted better documentation skills; and another that the supervisee "appreciated the course as she was able to get a better appreciation of how professional supervision worked - she was growing professionally in leaps and bounds and was gaining more benefit out of it than had expected"; and another supervisor noted their supervisee's increased energy and enthusiasm and that the opportunity to reflect on what the supervisee was doing well "allowed her to look at ways to do things differently". Two supervisors did not answer this question and one didn't know. One supervisor commented that "he saw little value in supervision considering that it was expensive in terms of resources and if the organisation deemed it necessary then it should be external to the organisation".

Five supervisors noted that managers reported positive changes in the practice of supervisees. These included increased confidence, ability to refer on and to check knowledge base when faced with dilemmas. Two did not answer and one didn't know.

Supervisors' descriptions of issues discussed in supervision demonstrated use of specific skills taught in the professional supervision workshop which then impacted on outcomes for supervisees and service users.

Examples included the following.

- Using the Kolb (1984) experiential learning cycle to help a supervisee understand "the issues with a colleague led to identifying strategies to manage these". As a consequence, the supervisee then approached the colleague in a "different and more successful way" and reported finding this a "constructive and positive experience".
- Using reflective questioning so that a supervisee "reflected on how their behaviour may be seen by other staff" and how this might impact on service users and their whanau, leading to a "best practice course of action".
- Dealing with "feelings of inadequacy" by focusing on the most urgent issues; that is, the "basics of assessment and diagnosis that led to the supervisee commenting on having greater clarity in her work with clients".
- Structuring sessions so issues are dealt with and checking at the end of a session to ensure an issue had been addressed.
- Discussing staff attitudes to service users and considering options to manage this. Supervisee attempted to discuss with staff concerned then completed incident reports. Supervisee reported being "okay" about this process.

5.3.1.b Benefits for supervisees

Benefit for supervisees from their perspective:

Eight supervisees commented that their experience of professional supervision had led to increased confidence, enthusiasm, focus, assertiveness, knowledge and less stress when working with service users and other staff. One supervisee commented that supervision was an "excellent way to ensure best practice and reflective processing"; another commented on "better service delivery and smoother entry into service"; and another commented that "I look forward to supervision and feel refreshed after supervision". Two supervisees did not answer the question and one commented it was too early to tell.

Two supervisees noted that their managers had noticed change in their practice. These included being less stressed and more assertive and an ability to discuss professional issues.

Benefit for supervisors:

Supervisees noted positive behaviours in their supervisors, for example, their supervisor showed an understanding of professional supervision; was organised; structured sessions appropriately; and gave appropriate feedback. One supervisee noted "my supervisor has improved skills at helping me to really get to the bottom of issues/problems. This gives me a feeling of moving on and achievement and closure on issues discussed".

Benefits for service users:

Seven supervisees indicated that professional supervision impacted on their practice with service users. This included such things as usefulness in "having supervision in areas of assessment/treatment that I don't have confidence in"; more confident in professional relationships; more assertive; having better understanding of role and the impact of supervision on practice; being more organised, focused and confident.

Their descriptions of issues taken to supervision indicated effective outcomes for themselves and service users. Examples included the following.

- "Supervision was effective in that it directed my research and learning on eating disorders and by the time I met the client face to face I was feeling more knowledgeable and confident."
- "Experiencing the process of a home visit with my supervisor gave me more understanding and confidence in delivery."
- "Addressed my fear of bringing client reviews to MDT, realised I probably know more about my client than other team members and was able to read up more about my client illness and ask advice from my supervisor and senior nurses."
- Legal and ethical boundaries explored and alternatives considered: "the outcome was extremely beneficial to all involved. It was helpful to have a neutral input and overview."
- Discussing steps to manage a Community Support worker (CSW) and putting these in practice.
- "Lack of a referral process for an Early Intervention Service which lead to writing a draft referral process to discuss with team leader and doctors."
- Dealing with conflict with a colleague. After supervision, "talking to the person honestly which resulted in a better working relationship."

5.3.2 Final questionnaires

In order to address the question regarding the benefit of professional supervision training for supervisors, supervisees, service users and the organisation, supervisors and supervisees were asked to comment on the benefit for themselves and each other in terms of their clinical work and work with service users. They were asked to provide an example of an issue taken to professional supervision detailing the outcome from that discussion.

5.3.2.a Benefit for supervisors

Benefit to themselves as supervisors:

Interestingly, supervisors also noted changes in their own practice as a result of supervising a supervisee. Two supervisors reflected on the usefulness of their own supervision now; another that supervision "reminds me of "best practice" and "how I should work"; and another "it enabled me to reflect and compare my own practice, which in turn allowed me to have more insight as well as foresight towards desired outcomes in my own practice". This person also added that professional supervision "provided me with heightened awareness of the nurses' needs in conjunction with the client, the multidisciplinary team (MDT), the management and community's needs/demands on the nurse".

As with the midway questionnaire, four supervisors described issues about their supervision practice they had taken to their own supervision. These issues included confidentiality; cultural differences between a service users and supervisee; ethical dilemmas; "fitting in supervision" around case work; and feelings of being "bogged down" in supervision relationships.

Benefits to supervisees and service users

Supervisors' comments on the final questionnaire supported those made at the midway point indicating the impact of professional supervision on the practice of the individual supervisees. For example, one supervisor reported that the supervisee was "now prepared to advocate on a client's behalf"; another that she had "received positive feedback about a supervisee's practice from the 'grapevine'"; and another that the supervisee was "much more organised" and therefore able to "work better with clients and colleagues". Two supervisors noted that managers had reported that a supervisee was enjoying supervision and that another supervisee was more relaxed.

The description of issues taken to supervision demonstrated effective outcomes for supervisees and service users, for example, one supervisor noted that a supervisee had bought time management issues to supervision several times and in different ways. When this was highlighted, the supervisee was able to devise ways to manage this and "is happier and more organised as a consequence". Another supervisor noted an improvement in practice as the supervisee was setting goals and targets to meet work needs, then making changes to practice and time management to achieve these goals. Another supervisor reported that a supervisee had the courage to meet a manager to clarify their role and as a result had their workload reduced. Other supervisees noted an increase in assertiveness and better management.

5.3.2.b Benefit for supervisees

Benefits to themselves and service users:

Two supervisees commented on changes to their practice with service users. One noted that they were "more aware and accountable on clinical issues and risk management". Another commented that professional supervision "assists my practice by reflecting on my interaction with service users". Another supervisee also noted that she was able to reflect on an admission process that had not gone well and "after supervision I was able to see the admission process from start to finish and felt better". She added: "I was terrified through the whole process and focused on the negative aspects and not what I had achieved" and "after supervision I was able to see the admission process from start to finish and felt better. I will have more confidence next time and do things differently".

5.3.3 Telephone interviews

The focus of the telephone interviews was on assessing the implementation of professional supervision and the impact of this supervision for the supervisors and supervisees, as well for the organisation and service users.

Three managers commented on the increased confidence of the supervisees, specifically noting improvements in presentations and contributions to the MDT meetings. They added that participation in these meetings could only benefit the client. Another manager noted an improvement in interviewing skills and documentation, adding that this would benefit the service and work with the service user.

5.3.4 Summary

In summary:

- The benefits of professional supervision training noted by both supervisors and supervisees related to both increased confidence and improved clinical and supervision professional skills and practice.
- These included such things as better documentation, increased knowledge base and ethical awareness, better relationships between colleagues and greater understanding of procedures.
- These improvements were further illustrated in the reports of content of and issues and outcomes discussed in professional supervision sessions and were supported by the comments made by managers.
- While the impact of these changes on the service users and the organisation were not explored specifically, the benefits described are likely to impact on the service in terms of risk management, better professional relationships, adherence to procedure and service provided.

6.0 STRENGTHS, BARRIERS AND LIMITATIONS TO THE PROFESSIONAL SUPERVISION PROCESS

In order to address this question supervisors, supervisees and managers were specifically asked to identify strengths, barriers and limitations regarding the professional supervision process in the midway and final questionnaires and managers were asked to comment in telephone interviews.

6.1 STRENGTHS

Across all evaluation tools supervisors, supervisees and managers repeatedly commented that the appointment of a professional supervision coordinator and training both the supervisees and supervisors were seen as pivotal to the successful implementation of professional supervision in this DHB. The coordinator facilitated the process by working with managers, supervisors and supervisees, regularly checking, encouraging and supporting the supervision pairs and then checking that professional supervision meetings occurred. Comments suggested that training both the supervisors and supervisees increased the likelihood of successful supervision and facilitated the process positively.

Supervisors noted such things as time allocated for supervision, release time to do the professional supervision course and initial support for professional supervision as strengths. Supervisees noted a greater number of strengths which focused on practical arrangements such as providing a car to travel to supervision sessions; use of skype; release time to attend the workshop; availability of a room; excellent support from the team and manager to attend sessions.

6.2 BARRIERS

Across all evaluation tools, supervisors, supervisees and managers comments indicated that the barriers to professional supervision were both practical and reflected an individual's attitude to professional supervision. Practical barriers included a space and private venue to meet; dedicated time; work commitments; staff shortages; geographical distance; and insufficient experienced supervisors. Attitudinal barriers included individuals holding preconceived and negative attitudes to professional supervision; the lack of confidentiality in a small DHB; and the lack of apparent support from a manager. In the final evaluation questionnaire, one supervisor noted that supervision was limited by their "the supervisee's own belief that the work with service users came before supervision".

These barriers were the same as those noted in the pre-workshop and on the post-workshop questionnaire and clearly had not changed across the six month time period of this pilot for some of the participants. For the longer term sustainability of professional supervision, these barriers will need to be addressed. It is also interesting to note that comments related to strengths and barriers are those of individuals and as such conflict and contradict one another. It may be that the comments also reflect the conditions and attitudes to professional supervision across workplaces and as such indicate the variability of acceptance and support for supervision across the DHB.

6.3 LIMITATIONS

The limitations to the pilot were noted by supervisors, supervisees and the managers. These included the "rushed" feel at the beginning of the pilot. This meant that there was no opportunity to "sell" the idea of professional supervision. Further to this, NDHB were in the process of developing the policy and procedures for professional supervision. Having access to these may have facilitated the process and assisted with overcoming the barriers. Additionally, the link between professional supervision and each nurse's Professional Development and Recognition Programme (PDRP) and their performance appraisal was not clear.

There were limitations to the training related to an understanding of the *Let's get real* (2008) competencies. These were discussed as a tool for assessing competence along with the Nursing Council's competencies and as such could be used as part of a goal setting in professional supervision. It was apparent at the workshops that there was little prior knowledge of *Let's get real* (2008) at that time.

There were some limitations to the evaluation. Although the demographic make-up of the participants is likely to be representative of those in organisation employing mental health and addiction nurses, the number of participants involved in this pilot was relatively small. This may make generalisation of the findings to other DHBs and organisations tentative. The relatively low numbers also meant that the analysis of the information was based on individual comments gathered and as such was qualitative. Conducting an evaluation of the professional supervision pilot at three and six months may also have been premature given that it takes time to build successful alliances and relationships in supervision. While the response rate on questionnaires was variable, analysis indicated that most participants completed at least one questionnaire. However this then limited the comparison of responses across the two timeframes, so that no comment could be made about the development of supervision practice across time. While the benefits of professional supervision were evaluated from the perspective of supervisors, supervisees and managers, the impact for service users and the organisation can only be inferred from these comments.

The Professional Supervision Coordinator's task was large and involved considerable contact with the 27 participants and meeting their individual needs across a number of settings and a large geographic area. This position was 0.2FTE – that is, one day per week – which was seen to be insufficient time to address the needs of the role.

7.0 RECOMMENDATIONS

7.1 RECOMMENDATIONS FOR THE IMPLEMENTATION OF PROFESSIONAL SUPERVISION IN NDHB, OTHER DHBS AND ORGANISATIONS

Across all evaluation tools supervisors, supervisees and managers made useful suggestions for both ongoing implementation of professional supervision in NDHB, and implementation in other DHBs and organisations. While several participants acknowledged that each region has its own unique characteristics – and as such any training and implementation needs to be individualised – they also acknowledged there were core skills for training and principles for implementation that applied across regions. It was clear from their suggestions that a planned approach to the professional supervision both in their own DHB and for other organisations was critical.

Further to this, the results of this pilot indicate that while professional supervision training is an essential part of the process of implementation, training alone is insufficient to ensure that all mental health and addiction nurses receive effective and sustained professional supervision. Suggestions for implementing professional supervision are clearly set out in McKenna et al. (2008) and the *National Guidelines for Professional Supervision for Mental Health and Addiction Nurses* (Te Pou, 2009). Consideration of these, the experience of this pilot and suggestions made by participants indicate it would be useful for organisations to consider the following areas when implementing professional supervision and ensuring that it occurs in a sustained manner. Specifically, NDHB would need to consider each of the recommendations to support the ongoing implementation of professional supervision with their staff.

- **Review current professional supervision arrangements.** While McKenna et al. (2008) note in their review that 75 per cent of mental health and addiction nurses are engaged in supervision, the experience of this pilot suggests there are difficulties in implementing and maintaining professional supervision in a sustained and regular manner. Therefore completing a review of the current situation would guide future implementation and address the reasons this occurred. This review would need to consider attitudes, perceived support for and understanding of professional supervision across the organisation, services and all levels of management. As part of developing this understanding of the current practice of supervision in an organisation, it would be useful to review the models underpinning professional supervision; the understanding and practice related to *"Let's get real"* (Ministry of Health, 2008); policy and procedures; barriers and challenges to professional supervision; as well as how professional supervision links with other professional development activities. Current training practices and content as well as access to cultural supervision and how it fits with professional supervision would need to be part of any consideration. Such a review would also establish who the stakeholders are in professional supervision and allow for their contribution to implementation. As McKenna et al. (2008) note, stakeholders such as service users and Maori will need to be considered.
- **Developing a professional supervision plan based on the information from the review would individualise the professional supervision process and implementation to each organisation.** Establishing strategies and providing resources to assist with overcoming the identified barriers would be part of this plan, as would considering strategies to generate enthusiasm for professional supervision. Standardising the training would also be part of this process. The skills and attitudes as set out in "*Let's get real*" (Ministry of Health, 2008) and the competencies as set out in by the New Zealand Nursing Council (2007) will also inform this training. As was noted in this pilot, training both supervisors and supervisees and having a common language facilitated the

development of supervision relationships and may assist with the longer term sustainability of professional supervision in the organisation.

- **Develop effective systems to support professional supervision to become part of the culture of the organisation.** As one manager noted: "don't assume it will work, take a planned approach". Recommendations include appointing a Professional Supervision Coordinator who understands the demands of nursing, as this role was seen to be critical to the implementation and continuity of professional supervision in the pilot: developing criteria and process for matching supervisors and supervisees; developing an effective and detailed supervision policy and guidelines to guide practice; developing an ongoing training plan that takes into account staff turnover as well as the need for ongoing training for supervisors and supervisors; and addressing the barriers to professional supervision. One supervisor commented that there needed to be "a dedicated team to drive professional supervision across the organisation"; another suggested "having a team of champions". One manager suggested considering making training in professional supervision mandatory.
- **Management support will assist the successful implementation of professional supervision management.** Participants' suggestions included management attending training in professional supervision to ensure they understood professional supervision and the benefits of and value of this supervision; developing strategies to ensure all mental health and addiction nurses have access to professional supervision; providing a statement of support for supervision including considering incentives; providing support for the work that occurs outside of the session, that is, the administration of supervision (recording, filing, negotiating and planning) as well as time to do supervision; exploring different ways to access professional supervision; providing a mandate for supervision; "making it visible"; and appreciating the "impact on staff outputs, making adjustments accordingly" and, to consider rewarding those who attend supervision regularly.
- **Building professional supervision expertise was also seen as critical to the maintenance of professional supervision across an organisation.** This may been done by providing high quality in-service training as well targeting staff who have a special interest in attending specialist training such as that offered at universities. Training supervisees as well as supervisors was seen as critical to the success of this pilot. Considering what cross-discipline supervision may be appropriate and providing external professional supervision where necessary may also be options.
- **Ongoing support for supervisors and supervisees – developing a plan and process to ensure best practice in professional supervision will include providing ongoing support for supervisors and supervisees.** Suggestions from participants include providing an opportunity for supervisors to meet regularly after completing the professional supervision training in order to support and maintain their role, ensuring that supervisors were also supervised. Other suggestions included providing ongoing training for supervisees and supervisors to further develop their skills at six month or yearly intervals; developing peer support groups; using role-plays and audio or videotaped supervision sessions to provide feedback.
- **Commitment.** Participants indicated that mental health and addiction nurses need to make a commitment themselves to engage in professional supervision. One supervisor commented nurses in the pilot "needed to be vocal about the benefits of the experience".
- **Evaluation of professional supervision both at the individual and organisational levels needs to be implemented.** This pilot demonstrated very clearly the benefit of professional supervision to supervisors and supervisees, however, the benefit to service users and the organisation can only be

inferred. Measureable evaluation needs to be an integral part of professional supervision implementation within any organisation.

- **Develop a culture of professional supervision that begins with undergraduate nursing training.** The value of professional supervision at this level – as well as in the first year of practice in orientation and induction processes – needs to be emphasised.

8.0 APPENDICES

APPENDIX ONE: PROFESSIONAL SUPERVISION TRAINING: MENTAL HEALTH AND ADDICTION NURSES SUPERVISOR/SUPERVISEE PRE-WORKSHOP QUESTIONNAIRE

Please take a few moments to fill in the questionnaire and email to us at f.howard@auckland.ac.nz and beverleyburns@xtra.co.nz before the start of the course. We would appreciate this as it helps us to assess your needs and finalise the training. Your details will be kept confidential.

Name:

Position or role:

Previous experience in providing or receiving professional supervision (months/years):

Receiving professional supervision:

Providing professional supervision:

Previous professional supervision training (if any):

What are your current professional supervision arrangements?

What do you want to gain from this workshop, i.e. learning goals?

How would you rate your current skills and knowledge in the field of professional supervision? (please x)
Not at all Somewhat Moderate Very Good Excellent

How do you think professional supervision will help your practice as a mental health and addiction nurse? Please describe how?

Do you think professional supervision will impact on your work with service users in your care? If so, how might this be demonstrated?

Is there anything else in particular you would like to see covered in this workshop?

Please describe issue or situation you might take to professional supervision. Please keep personalities anonymous and unidentifiable.

Thank you very much for answering this questionnaire; we will attempt to plan content and activities which will hopefully satisfy as many needs as possible.

Please return by email to f.howard@auckland.ac.nz and beverleyburns@xtra.co.nz

APPENDIX TWO: PROFESSIONAL SUPERVISION COURSE EVALUATION FORM – SUPERVISEE

Course:		Date:	
Facilitators:		Participant: (Optional)	

Instructions: Please circle your response to the following statements.

Overall	Not Satisfied					Very Satisfied
How would you rate the course?	1	2	3	4	5	6
How would you rate the facilitators?	1	2	3	4	5	6
Did the course satisfy your needs?	1	2	3	4	5	6

The Course	Strongly Disagree			Strongly Agree		
Was the course material easy to understand?	1	2	3	4	5	6
Was the time allocated to each topic adequate?	1	2	3	4	5	6
Was the course interesting and enjoyable?	1	2	3	4	5	6
Did you understand all parts of the course?	1	2	3	4	5	6
Was the course content relevant to being supervised in your workplace?	1	2	3	4	5	6

The Facilitators	Strongly Disagree			Strongly Agree		
Were they friendly, helpful and enthusiastic?	1	2	3	4	5	6
Did they have excellent subject knowledge?	1	2	3	4	5	6
Was the session paced appropriately?	1	2	3	4	5	6
Did they ensure active participation by all group members?	1	2	3	4	5	6
Did they share examples and/or personal experiences?	1	2	3	4	5	6
Did they listen and respond to questions effectively?	1	2	3	4	5	6

Instructions: Please answer the following questions.

What part of the course did you get the most learning from? Why?

What part of the course was not useful for you as a supervisee? Why?

If you have been supervised previously

Is there anything that you would do differently in your professional supervision meetings now

Will your supervisor notice that you have been on this course? If so, what do you think they will notice?

Do you think your professional supervision will impact the service users you work with? If yes describe how.

Will your manager notice that you have been on this course? If so, what do you think they will notice?

What do you think will assist with the implementation of professional supervision in your workplace?

What do you think will be the barriers to implementing professional supervision in your workplace?

Do you have any other comments?

Supervisors

First, thank you for completing the midway evaluation questionnaire. We appreciated your comments and thoughts regarding your professional supervision. We have collated this information and you will have received these materials via email.

Now that you have had further sessions with your supervisor and the pilot is almost completed we are interested in your comments and thoughts about the experience of professional supervision. We'd like to know what has worked and what hasn't, as well as what parts of the workshop material were helpful or not helpful in your professional supervision. We are also interested in knowing what the organisation did or didn't do to support professional supervision and whether you have any suggestions about what other DHBs can do to introduce professional supervision for their mental health and addiction nurses. There is a lot to consider and does mean that the questionnaire is quite long. We apologise for this and hope that you will find the time to complete as much as you can. We really appreciate your thoughts as your comments are critical to the evaluation of the pilot project.

We look forward to hearing your views. If you would like discuss any aspect of the questionnaire, the pilot or have additional comments you wish to make please contact Bev Burns on (027) 292 3108. You can either return this questionnaire to Bev Burns at beverleyburns@xtra.co.nz by November 17th or by printing it out placing it in a sealed envelope to give to Bernie Cameron at the focus group discussion on November 17th. He will post the questionnaires to Bev.

Kind regards,

Beverley Burns

Course:		Date:	
Facilitators:		Participant: (Optional)	
Male / Female		Ethnic background:	

A. Overall Satisfaction

Now that you have begun professional supervision how satisfied are you overall:

	Not Satisfied			Very Satisfied		
That the professional supervision course met your needs as a supervisor?	1	2	3	4	5	6
With the process of implementing professional supervision?	1	2	3	4	5	6
That the organisation has supported professional supervision?	1	2	3	4	5	6

B. Current Professional Supervision Arrangements:

How many times have you met your supervisees since attending the course?

Supervisee A Supervisee B

Where have you met for your professional supervision meetings? (note if different for each supervisee)

On average what is the duration of your professional supervision sessions?

Briefly describe the content of these sessions.

On average how would you rate the utility of these sessions for your supervisee?

Not Useful			Very Useful		
1	2	3	4	5	6

How would you rate your current skills and knowledge in the field of professional supervision now? (please circle)

Not at all Somewhat Moderate Very Good Excellent

Please describe an issue one of your supervisees has bought to professional supervision. What was the outcome of this discussion?

What, if any, are your current professional supervision arrangements?
Tick the boxes which apply

Who provides your professional supervision?		Frequency of professional supervision	
Internal Registered Nurse		Weekly	
External Registered Nurse		Fortnightly	
A Manager		Monthly	
A Peer			
In a Group			
Other			

Have you discussed the professional supervision you are providing to the supervisees in this pilot with your supervisor? If so please describe one issue that has been discussed.

C. Workshop Content

What aspects of the workshop have been of the greatest use for engaging with your supervisee and starting professional supervision?

	Not Useful				Very Useful		
What professional supervision is and isn't	1	2	3	4	5	6	N/A
How cultural supervision fits with professional supervision	1	2	3	4	5	6	N/A
The administrative, educative and supportive function of professional supervision	1	2	3	4	5	6	N/A
Benefits and barriers	1	2	3	4	5	6	N/A
Ethic of professional supervision	1	2	3	4	5	6	N/A
Developing the supervisory relationship	1	2	3	4	5	6	N/A
Learning styles	1	2	3	4	5	6	N/A
Kolb learning cycle	1	2	3	4	5	6	N/A
Support and challenge	1	2	3	4	5	6	N/A
Completing a self audit of skills	1	2	3	4	5	6	N/A
Structuring sessions	1	2	3	4	5	6	N/A
Supervision agreements	1	2	3	4	5	6	N/A
Preparing for supervision	1	2	3	4	5	6	N/A
Note taking	1	2	3	4	5	6	N/A
Providing feedback	1	2	3	4	5	6	N/A
Evaluation	1	2	3	4	5	6	N/A

Please comment further or add anything else you found useful.

Is there anything you believe should have been covered in the course that wasn't?

Is there anything else you would like to learn to assist you as a supervisor?

D. Implementation of professional supervision in the workplace

Now that you have begun professional supervision sessions:
What is working well in these sessions?

What is not working well in these sessions?

If you had provided supervision prior to the pilot is there anything you are doing differently now in your professional supervision sessions?

What support have you or your supervisees had from the organisation for implementing professional supervision? Please describe.

Have you or your supervisees experienced any barriers to implementing professional supervision? Please describe.

Has professional supervision impacted on your supervisees' work with service users? If so, how do you know this? Please describe.

Do you think your supervisees' manager or professional leader has noticed anything different in their practice as a result of professional supervision? If so please describe.

Has the training in professional supervision impacted on your supervisees or your own practice as a mental health or addiction nurse in any other way? If so please describe.

E. Organisational support for professional supervision
A Professional Supervision Coordinator was appointed to assist in running this pilot. What are your views about this role? How important do you think this role is for implementing professional supervision across the organisation?

What do you need to assist you to continue to provide professional supervision after the pilot concludes in December?

What does the your DHB need to do now to ensure professional supervision continues for mental health and addiction nurses in an effective manner after the pilot concludes in December?

Given what you now know, what key things should other DHBs do to implement this training process?

Do you have any other comments you wish to make?

We appreciate your comments. Thank you.

Supervisees

First, thank you for completing the workshop questionnaire. We appreciated your comments and thoughts regarding the workshop content and process. This information and the information you provide in the midway and final questionnaires will help us to evaluate the pilot project and ultimately assist with implementing professional supervision for mental health and addiction nurses in other DHBs. Please be reassured that no identifying characteristics will be used in any reporting. The DHB and Te Pou will not know who said what in the evaluation.

You will have met with your supervisor by now and we are interested in finding out how that is going. We'd like to know what is working and what isn't, as well as what parts of the workshop material have been helpful or not helpful in setting up your professional supervision. We are also interested in knowing what the organisation has or hasn't done to support professional supervision and whether you have any suggestions about what other DHBs can do to introduce professional supervision for their mental health and addiction nurses. There is a lot to consider and does mean that the questionnaire is quite long. We apologise for this and hope that you will find the time to complete as much as you can. We really appreciate your thoughts.

We look forward to hearing your views. If you would like discuss any aspect of the questionnaire, the pilot or have additional comments you wish to make please contact Bev Burns on (027) 292 3108. We would appreciate it if you would return your comments by Friday, 7 August 2009.

Kind regards,

Beverley Burns Fiona Howard

Course:		Date:	
Facilitators:		Participant: (Optional)	
Male / Female		Ethnic background:	

Overall Satisfaction

Now that you have begun professional supervision how satisfied are you overall?

	Not Satisfied			Very Satisfied		
That the professional supervision course met your needs?	1	2	3	4	5	6
The process of implementing professional supervision?	1	2	3	4	5	6
That the organisation has supported professional supervision?	1	2	3	4	5	6

Current Professional Supervision Arrangements:

How many times have you met your supervisor since attending the course?

Where have you met for your professional supervision meetings?

On average, what is the duration of your professional supervision sessions?

Briefly describe the content of these sessions.

Overall, how would you rate the utility of these sessions?

Not Useful			Very Useful		
1	2	3	4	5	6

How would you rate your current skills and knowledge in the field of professional supervision now? (please circle)

Not at all Somewhat Moderate Very Good Excellent

Please describe an issue you have taken to professional supervision. What was the outcome of this discussion?

Workshop Content

What aspects of the workshop have been of the greatest use to you in engaging with your supervisor and starting professional supervision?

	Not Useful			Very Useful			
What professional supervision is and isn't	1	2	3	4	5	6	N/A
How cultural supervision fits with professional supervision	1	2	3	4	5	6	N/A
The administrative, educative and supportive function of professional supervision	1	2	3	4	5	6	N/A
Benefits and barriers	1	2	3	4	5	6	N/A
Ethic of professional supervision	1	2	3	4	5	6	N/A
Developing the supervisory relationship	1	2	3	4	5	6	N/A
Learning styles	1	2	3	4	5	6	N/A
Kolb learning cycle	1	2	3	4	5	6	N/A
Support and challenge	1	2	3	4	5	6	N/A
Completing a self audit of skills	1	2	3	4	5	6	N/A
Structuring sessions	1	2	3	4	5	6	N/A
Supervision agreements	1	2	3	4	5	6	N/A
Preparing for supervision	1	2	3	4	5	6	N/A
Note taking	1	2	3	4	5	6	N/A
Providing feedback	1	2	3	4	5	6	N/A
Evaluation	1	2	3	4	5	6	N/A

Please comment further or add anything else you found useful

Is there anything that should have been covered in the course that wasn't?

Is there anything else you would like to learn about to assist you as a supervisee?

Implementation of professional supervision in the workplace

Now that you have begun professional supervision sessions
What is working in these sessions?

What is not working in these sessions?

If you had been supervised prior to the pilot is there anything you or your supervisor are now doing differently in your professional supervision sessions?

What support have you or your supervisor had from the organisation in implementing professional supervision? Please describe.

Have you or your supervisor experienced any barriers to implementing professional supervision? Please describe.

Has professional supervision impacted on your work with service users? If so how? Please describe.

Do you think your manager or professional leader has noticed anything different in your practice as a result of professional supervision? If so please describe.

Has the training in professional supervision impacted on your practice as a mental health or addiction nurse in any other way? If so please describe.

Organisational support for professional supervision

A Professional Supervision Coordinator was appointed to assist in running this pilot. What are your views about this role? How important do you think this role in implementing professional supervision across the organisation?

What do you need to assist you to continue with professional supervision after the pilot concludes in December?

What does the DHB need to do now to ensure professional supervision continues for mental health and addiction nurses in an effective manner after the pilot concludes in December?

Given what you now know, what key things should other DHBs do to implement this training process?

Do you have any other comments you wish to make?

We appreciate your comments. Thank you.

APPENDIX FIVE: REFERENCES

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