**Session:** **Reflective Practice, Reflective Supervision, and Coaching**

|  |  |
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| **NFP Supervisor Competencies**1. Provides administrative leadership to the operation and sustainability of a NFP team
2. Applies principles of supervision that promote the clinical and professional development of all team members
3. Promotes PHNs’ development of competence to deliver the NFP home visiting intervention
4. Ensures the NFP program is implemented with fidelity to established core model elements.
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| C:\Users\Debbie\AppData\Local\Microsoft\Windows\INetCacheContent.Word\NFP Theory2 (2).jpg | **Applies NFP Theories:*** Attachment:
* Focus on developing empathetic and trusting relationships amongst the team members
* Critical Caring:
* Provides a framework for guiding reflective practice and supervision.
* Human Ecology:
* Assesses and supports PHN relationship with Microsystem, Mesosystem, Exosystem, and Macrosystem
* Focus on the therapeutic relationship between PHN and client/family
* Self-Efficacy:
* Focus on building individual and team self-efficacy
* Emphasis on forming warm, caring relationships between and amongst team members
* Supervisor role models behaviour that is desired in NFP PHNs/team
 |

* **Supervisor actively supports PHNs’ use of NFP theories in all aspects of their practice**

**Learning Outcomes** - on completion of this session, you will be able to:

* Describe the components and purpose of reflective practice
* Describe the difference between clinical and reflective supervision
* Identify how to create a safe environment for reflection practice and supervision to occur
* Discuss typical benefits and challenges encountered during reflective supervision
* Practice techniques of reflective supervision
* Define workplace coaching
* Differentiate between coaching and reflective supervision
* Describe the purpose and expectations for use of the NFP Supervisor forms
* Describe how the Seven-Eyed model of supervision can assist you in home visit observations

\* Use of specific supervisor forms has been imbedded in the sessions that follow

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| **Outline**1. Review of what you have learned so far
2. What is reflective practice?
3. Purpose of reflective supervision in NFP
4. Structuring a safe environment for reflective practice
5. NFP supervisor forms used in reflective supervision
6. Purpose of reflective supervision in NFP
7. Clinical supervision versus reflective supervision
8. Using the STAR Framework in 1:1 Reflective Supervision
9. Conducting joint observation home visits
10. Workplace coaching
11. Key points
12. Any reflections or questions on this session?
13. Develop your action plan
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1. **Review of what you have learned so far**

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| C:\Users\Debbie\AppData\Local\Microsoft\Windows\INetCacheContent.Word\recap.png | **Introduction to NFP Supervisor Role:*** The three types of supervision used in NFP
* Different definitions of reflective supervision
* Differences between reflective practice, reflective process, reflective capacity, and reflective supervision?
* Gibb’s Reflective cycle and how it is used in NFP
* How Reflective Supervision is implemented in NFP
* How the parallel process works in NFP
* How coaching might be used in NFP

**NFP Fundamentals:*** Reflective practice: what is it and why use it in NFP
* Practicing reflection using the Gibbs Model
* Techniques to assist in practicing reflection
* The benefits and challenges of reflective practice
 |

1. **What is reflective practice?**

Reflective practice has been an important part of NFP nursing since the trials. The process of reflective practice allows a NFP PHN to take a deeper look at his or her own feelings and emotions. This is especially important when working with vulnerable populations and clients who are dealing with complex and challenging circumstances. This type of nursing practice can be emotionally draining, and reflective practice provides a venue to be truly present and contemplative about an event or situation. It provides space around that situation to understand it better. Reflective practice also helps a NFP PHN connect theory and practice and illuminates gaps between the two. This can bolster a PHN’s ability to be more therapeutic in his or her interactions with his or her clients. In NFP, reflective practice is woven throughout the work week and occurs in a variety of ways.

🟋**Activity: Review prior information you learned about reflective practice.**

**Instructions Part 1**:

Have supervisors stake a moment to complete the following self-reflections:

|  |  |
| --- | --- |
| C:\Users\Debbie\AppData\Local\Microsoft\Windows\INetCacheContent.Word\think-about-it3.png | In what ways, have you practiced reflection since you began at NFP?What does reflective practice mean to you?How do you feel about reflective practice? |

**Instructions Part 2**:

What do you remember from *Introduction to NFP Supervisor Role* and *NFP Fundamentals* regarding reflective practice?

Fill in the sentences below - choose words from the list. Be prepared to discuss as a larger group.

1. Self- reflection can help you develop \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of your strengths, limitations, and vulnerabilities.
2. In addition to reflection, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_are essential features of reflective practice.
3. A tool for reflection in the Nurse-Family Partnership Model is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. The process of reflection allows us to look at an event, understand it, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from it.

Words to choose from:

* Collaboration



* Learn
* Reflective Cycle
* Regularity
* Self-awareness

🟋**Activity: To identify benefits and challenges of reflective supervision.**

**Instructions:**

* Assign a scribe at your table.
* On your own, take 3 to 5 minutes to reflect on the benefits and challenges of reflective supervision.
* At your table group, discuss the benefits and challenges.
* Have the scribe develop a list that will be shared with the larger group.

|  |  |
| --- | --- |
| **Benefits of Reflective Supervision** | **Challenges of Reflective Supervision** |
|  |  |



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| --- |
| Debrief:* Compile a “group” list of benefits and challenges
* Add any issues that will not get covered in Supervisor Fundamentals to parking lot
 |

1. **Purpose of reflective supervision in NFP**

 “Reflective Supervision is a collaborative relationship for professional growth that improves program quality and practice by cherishing strengths and partnering around vulnerabilities to generate growth.” (Shahmoon-Shanok, 2009 p. 8)

What does this mean from a NFP perspective?

* Reflective supervision helps the supervisor and PHN build a trusting relationship in a safe and protected environment.
* The individualized learning needs of the PHN can be identified and supported.
* There are five key components to successful reflective supervision: relationship-based, reflection, collaboration, regularity, and safety (Fenichel, 1992; Heller & Gilkerson, 2009).
1. **Relationship-based**: You and the PHN engage in a reciprocal process in which you each grow to trust the other over time; your empathy for and validation of each PHN leads to a solid supervisory relationship.
2. **Reflection:** Supervision is used as an opportunity for PHNs to reflect on what they are doing during home visits, their reactions and feelings in relation to their work, and their challenges and accomplishments. Introspection and mindfulness can help us develop a stronger self-reflective practice and foster our own professional growth. Taking the time to think and process a situation in a relaxed, open way allows us the opportunity to be better aware of how our own thoughts and beliefs may be helping or hindering that situation.
3. **Collaboration:** Both the supervisor and PHN have a role in the success of the reflective supervision process. Collaboration is supported when both engage and participate in the process of reflective supervision. You and the PHN have mutual respect for each other and benefit from each other’s expertise.
4. **Regularity:** Supervision occurs on a consistent basis; scheduling a regular meeting time is preferable. It should be a protected, uninterrupted time when you do not take phone calls, check email, accept visitors, or perform other tasks. Knowing what to expect can be comforting. Consistency in scheduling and structure is a good practice that supports a stronger, trusting relationship between supervisor and PHN.
5. **Safety.** You provide a supportive environment for PHNs, respond to them in a nonjudgmental manner, and maintain confidentiality.
* Please refer to the Appendix A: “Overview of One-to-One Reflective Supervision Structure & Process” for additional information.

Let’s consider examples of questions that that you might ask yourself that support self-reflection:

|  |  |
| --- | --- |
| C:\Users\Debbie\AppData\Local\Microsoft\Windows\INetCacheContent.Word\think-about-it3.png | * How would I feel if I was in this situation?
* What assumptions might I be making?
* What does this trigger for me?
* What am I bringing to this situation?
* How is my role as a nurse supervisor helping the PHN move the client towards self-efficacy or other program outcomes?
 |

The ***purpose*** of reflective supervision is to improve practice and support professional growth which, in turn, will impact client outcomes. As a supervisor, you will have the opportunity to support a PHN where things are going well, and in areas where she or he may need more support.

|  |  |
| --- | --- |
| * It is also important for you, as a nurse supervisor, to have someone you trust to reflect with. This could be provided by a peer or by your supervisor.
* This supports parallel process. You, as a supervisor, pass on your good reflective processes to the PHNs you supervise.
* “How supervisors are with staff influences how staff will be with the families [and parents] they serve” (Parlakian & Seibel, 2001, p. 3). This is the parallel process in action.
 |  |

🟋**Activity:**

**Identify questions supervisors may have concerning reflective supervision.**

**Instructions:**

* 1. As a table group, create a list of your questions regarding reflective supervision
	2. Write them on the paper provided
	3. Prioritize which are your top questions
	4. Be prepared to share your top questions with the larger group



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| Debrief:* Review the list of top questions
* Add any issues that will not get covered in Supervisor Fundamentals to parking lot
 |

1. **Structuring a safe environment for reflective practice**

When a team is in the stage of formation, reflection on practice may be challenging. First, team members need to feel safe to be vulnerable and need to build trust with each other. The goal is for you to lead the team in creating safety and trust so that eventually comprehensive, in-depth reflection is occurring, which is transformative in nature. A safe environment is important to support in during 1:1 supervision and during case conferences.

This is a process that occurs over time. Just as a new NFP PHN develops competence working with vulnerable families, the new supervisor has a learning curve as well, as she or he develops competence with reflective supervision and grows along a continuum from novice to expert. While it might not look perfect at first, there is still plenty of good work, collaboration, and trust building taking place as the team and supervisor grow.

In reflective supervision, the supervisor holds the space for the PHN to be vulnerable. The PHN must be willing to share his or her own thoughts and feelings. Both contribute to an atmosphere of openness, curiosity, and emotional availability.

**Attributes which support a “circle of trust”**

Adapted from Heller and Gilkerson (2009)

**Safety:** full presence of the supervisor, focused attention and care to the conversation, thoughtful responses, clear parameters

What else? \_\_\_\_\_\_\_\_\_\_\_

**Consistency:** respectful approach and communication, asking for clarity when needed to ensure holistic understanding

What else? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependability:** honouring the meeting time, clear communication around times supervisor is not available, how to contact or who will cover

What else? \_\_\_\_\_\_\_\_\_\_\_

**Respect/Confidentiality:** acceptance and respect, non-judgmental attitude, maintaining confidentiality

What else? \_\_\_\_\_\_\_\_\_\_

**Honesty:** open communication both about things that are going well and areas of concern

What else? \_\_\_\_\_\_\_\_\_\_\_

* Reflect upon the following questions individually and jot down your thoughts:

|  |  |
| --- | --- |
| C:\Users\Debbie\AppData\Local\Microsoft\Windows\INetCacheContent.Word\think-about-it3.png | * What do you need from your team to feel safe?
* What factors will you need to consider and address to create safety and trust on your team? (Please identify social, emotional, and cognitive factors as well as the physical environment.)
* What strategies might be effective to create safety?
 |

**Listening**

|  |  |
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| C:\Users\Debbie\Pictures\Microsoft Clip Organizer\Learning\listening.png | The art of being a good listener contributes to effective reflective supervision. Mindful listening takes focus and practice. It can be easy to become distracted, as competing thoughts may sneak in!We experience many different types of communication throughout our day. Most social conversations entail a sharing of information, a more equally divided give and take of interaction. |

Reflective supervision is different because the supervisor spends most of the time listening, accompanying the PHN as she or he explores the situation or event and excavates their own thoughts and feelings. The supervisor holds this space, responds as appropriate, and keeps the pulse on his or her own feelings and emotional responses. So, in the midst of silence, there is a lot happening.

|  |  |
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| There are great resources to learn more about listening. One website that offers guidance, education, and support on developing stronger listening skills is The International Listening Association. You can visit their website at [http://www.listen.org.](http://www.listen.org/) | Image result for listening |

1. **NFP supervisor forms used in reflective supervision**

The following forms are available on the Canadian website. Learners are provided with a binder of all supervisor forms. We will practice using the asterisked forms over the remaining time in *Supervisor Fundamentals*.

**Supervisor Forms**

|  |  |
| --- | --- |
| * Case Presentation
* Case Presentation Using STAR Framework\*
* Getting Ready for Supervision\*
* Home Visit Observation Form:
* PHN
* Supervisor \*
* How is Supervision Going Between Us?
* The Nurse Difference Game
 | * Quarterly Supervision Record
* Reflective Supervision Form \*
* Reflective Supervision Structure \*
* Significant Issues Worksheet
* Team Meeting and Case Conference Form
* Weekly Supervision Record
* What Can We Talk About in Reflective Supervision?
 |

**Self-study:**

* Appendix B: Expectations of NFP PHNs for One-to-One Reflective Supervision, Case Conferences, and Joint Home Visits
* Appendix C: Forms/tools included in NFP supervisor forms manual

**Guided discussion:**

* Facilitator walks through how to use these specific supervisor forms:

(provided at the end of this session chapter)

* Weekly Supervision Record
* Reflective Supervision
1. **Purpose of reflective supervision in NFP**

🟋**Activity: To observe and assess components of a reflective supervision session.**

|  |  |
| --- | --- |
| **Instructions:**1. Learners are provided with a laminated copy of the Gibbs’ Reflective Cycle Model. Take a moment to review “Questions to consider at each stage of Gibbs’ Reflective Cycle Model” (on back of the laminated copy)
2. Watch the reflective supervision video.
3. Complete the “think about” prompts as you watch the video
4. Consider how the Gibb’s cycle is used in the session
5. Complete the Reflective Supervisor Structure Form (there may be parts that you don’t have enough information on to complete)
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| <https://www.youtube.com/watch?v=fWHnbCRYvbc> |

|  |  |
| --- | --- |
| C:\Users\Debbie\AppData\Local\Microsoft\Windows\INetCacheContent.Word\think-about-it3.png | * What are the issues the PHN identifies?
 |

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| * How did the supervisor use the Gibb’s reflective cycle to guide the 1:1 session?
* What other techniques did you observe the NFP Supervisor (Ann) use to guide the discussion?
* What do you think this experience was like for the NFP PHN (Elly)?
* What do you think this experience was like for the NFP Supervisor (Ann)?
* What might you have done differently if you were the supervisor?
* Were there any NFP theories which guided this session?
 |



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| Debrief:* Group members share their observations and assessments
* How might the PHN use the Reflective Supervision form to prepare for the 1:1 meeting with her supervisor?
* How would the Supervisor prepare for and document the meeting?
* How will the skills used in supporting a PHN to reflect during 1:1 Reflective Supervision sessions be useful during case conferences, team meetings and joint home visits?
 |

**Gibb’s Reflective Cycle Model**





This Reflective Cycle is adapted from the Gibbs Reflective Cycle (Gibbs, 1988).

**Questions to consider at each stage of Gibbs’ Reflective Cycle Model**

**Description: What happened?**

* Give a concise, factual account
* Provide relevant details, aims of exercise and what actually happened.
* Aim to put the reader in the picture.

**Feelings: What were you thinking and feeling**

* Identify and examine reactions, feelings and thoughts at the time. It is important, although often difficult, to be honest about these.
* How can you explain your feelings? What was affecting them
* Did they change? Why?
* How did they affect your actions and thoughts at the time?
* Looking back, have your views on this changed?

**Evaluation: What was good and bad about the experience?**

* Look at the judgements you made at the time about how things were going.
* What was positive? Negative? What made you think this?
* Try to stand back from the experience to gain a sense of how it went.
* What made you think something was good or bad?
* Examine your own judgements and what contributed to them. How do you feel about them now?

**Analysis: What sense can you make of the saturation?**

* In this section of the reflection, you need to examine the experience in depth, and start to theorise about key aspects.
* Try to identify an overarching issue, or key aspect of the experience that affected it profoundly, which needs to be examined for the future. For example, an aspect of communication or time management might have played a central part in the outcome.
* How was it flawed this time? In what way? Why? How should it work in this situation?
* What ideas or theories are you aware of which look at this? Does theory about this aspect help you make more sense of what happened?
* Could you use theory to improve this aspect in the future? In this section, you need to fully examine and make sense of factors affecting the situation, and exploring ways to change and develop these.

**Conclusion: What else could you have done?**

* Sum up the key things learned through the reflective process, the main factors affecting the situation, and what to improve.
* This section might include naming specific skills that need developing, or aspects of organisation to improve. You might identify new knowledge or training which is needed.

**Action plan: If it rose again, what would you do?**

* What could you do differently next time and how could you prepare for this?
* What areas need developing or planning?
* What resources do you need, and where would they be found?
* What steps will be taken first?

🟋**Activity:**

**Practice conducting a reflective supervision session: Supervisor-Mentor\***

Mentor = designated individual responsible for providing reflective supervision to the NFP supervisor

**Instructions:**

1. Find a partner with whom you will be comfortable role playing with: one of you will take on the role of the supervisor, and one of you will be the mentor
2. The supervisor will reflect on a challenging experience thus far she has experienced in transitioning to the supervisor role within the NFP.
3. The mentor will guide their partner through the steps of the reflective cycle to more likely ensure depth and comprehensiveness of reflection and learning. You have two resources to use as the mentor: The **“Gibbs Reflective Cycle”** and **“Useful Questions”** (on next page)**.**
4. “Useful Questions:
* Read through the questions and place a check mark by any you might want to use if you become stuck in your mentor role.
* The “Useful Questions” are available in case you get stuck and need a good question that will promote reflection.
1. The mentor will:
* Ask open-ended questions.
* Reflect **AT LEAST ONCE** what the supervisor shared before asking another question. Be certain the reflection is not just repetition of the supervisor’s words but also aimed at understanding and reflecting the meaning of what the “supervisor” is sharing.
* Affirm strengths of the supervisor as they reflect.
* Summarize what the supervisor has shared whenever several thoughts have added up to a possible “bouquet” of thoughts to hand back to the person reflecting.
* Wait 3 to 5 seconds after asking a question to give the supervisor time to think deeply and to give the coach time to think as well. Also, wait after the supervisor has responded and before asking another question or making another statement.
1. Whenever the mentor needs support, please raise your hand, and the facilitator will assist you.
2. Switch roles and repeat the process.
3. Be prepared to share during the debrief what you found enjoyable in your role as supervisor and mentor using and what you found challenging.

**“Useful Questions”**

|  |  |
| --- | --- |
|  | What is an aspect of your new role/responsibilities as an NFP supervisor which you would like to reflect upon? |
|  | How have you been feeling about taking on this aspect of your role/responsibilities? |
|  | How do you think others are feeling about this? |
|  | What are you trying to achieve as a new supervisor in the first month(s) of the program |
|  | What are your challenges in this new role? |
|  | What knowledge and past experiences will be helpful to you? |
|  | What knowledge and skills will you need to develop? |
|  | How does this new role align with your values and beliefs? |
|  | Where might you find conflict between your values and your agency, role and/or responsibilities? |
|  | What assumptions are you bringing to your role about the role of a supervisor, the role of team members, the NFP model, your agency, etc.? |
|  | How will you ensure that you implement your role as supervisor in alignment with your values and in fidelity to the NFP model? |
|  | In what areas, would you like to grow as a supervisor? What are some small steps you can take for professional development? |
|  | How will you ensure that PHNs on your team are implementing the NFP model with fidelity? |
|  | How will you build your team creating safety and trust and collaboration? |



|  |
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| Debrief:* What was the most enjoyable for you about the process (supervisor and mentor)
* What was challenging for you (supervisor and mentor)?
* When you were the mentor, how did you find: Reflecting at least once before asking a question; asking powerful open-ended questions to support your partner to reflect deeply; summarizing; affirming your partner; and waiting to give time for thinking
* How might you use this process in your reflective practice sessions with PHNs?
 |

🟋**Activity: To practice conducting a reflective supervision session: Supervisor-PHN.**

**Instructions:**

1. Find a partner with whom you will be comfortable role playing with.
2. Using the scenario provided below, one of you will play the public health nurse (PHN) and one of you will play the supervisor.
3. The supervisor will utilize the steps of the reflective cycle to guide the 1:1 session with the PHN.
4. The group will then debrief about the session



|  |
| --- |
| Janet has arrived in her supervisor’s office for their weekly one-to-one supervision session. After a brief review of her caseload numbers, Janet shares the following:“It’s getting really hard for me to continue visiting Tina (34 weeks gestation). Almost on every visit Tina matter-of-factly, without any emotion, tells me about some of her boyfriend’s controlling behaviours. For example, last week they were driving in the car and he started to drive aggressively fast, threatening to smash the car into a tree. Another time, she was talking on her cell phone in the car and he looped the charger cord around her neck and started to choke her. He calls her names and has taken a knife to slash some of the artwork she has painted. When I try to talk to her about these situations, she tells me she can’t imagine her life without him and she is really lucky that her baby is going to have a father in his life. I am feeling really frustrated with her and it’s really hard to keep visiting when she lets these things happen to her. She is blaming herself for his actions and I don’t know why she doesn’t see what he is really like.” |



|  |
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| Debrief:* What parts of the process were easiest for you?
* What parts of the process were hardest for you?
* Discuss strategies to ameliorate the challenging aspects of the process
* Discuss how the supervisors will use reflective practice sessions with their PHNs
 |

1. **Clinical versus reflective supervision.**

🟋**Activity: Determine when to utilize clinical versus reflective supervision.**

**Goal:** To think critically about when it’s most effective to support PHNs to find their own solutions/next steps (reflective supervision) and when it might be important to offer guidance and possible options a PHN should consider taking (clinical supervision).

**Instructions:**

Read the following scenarios and:

1. Determine if the situation requires clinical or reflective supervision
2. Review as a group, possible responses you could make as a supervisor to the PHN

Please keep in mind the following principles:

* Remember the empty well metaphor: If there is no water in the well, you will not be able to draw water out of it. If a PHN has no professional knowledge or experience with a certain aspect of PHN home visiting, you are less likely to be able to support them to find their own solution unless they have life experience to which they can “velcro” the current situation.
* If supporting a PHN to find a solution would require time for her/him to follow through in looking up information, and there is urgency to address the issue immediately, then you will want to provide the PHN with information and guidance. You might give them an overview of your perspective as a supervisor, possible steps to take and a rationale for those steps, and ask the PHN to consider how she/he can best apply this information and guidance.
* If a PHN or client is in danger, then you will want to provide guidance on safety. You may also want to reflect with them, after safety has been ensured, on what the PHN learned from the situation, what she/he would like to do if this situation occurs again, etc.
1. A NFP PHN who has years of experience in PHN home visitation (she is however, new to the NFP model) shares with you, “I feel so frustrated with this client. She seems stuck in her depression and unable to make decisions about her future.”



* What would your approach be?

🞏 Reflective Supervision 🞏 Clinical Supervision

* What would you as a supervisor say to this PHN?
1. A NFP nurse, who is new to public health and to the NFP model, shares with you: “My client’s boyfriend is always there on visits. He sits in the corner watching TV, but I can tell he is listening to every word of our conversation. When I asked my client if she had ever been hit by someone she knew, he scowled at her, and she wouldn’t give me eye contact.”



* What would your approach be?

🞏 Reflective Supervision 🞏 Clinical Supervision

* What would you as a supervisor say to this PHN?
1. A NFP PHN who sometimes struggles with boundaries and becomes over-involved with clients shares with you, “I know we’re not supposed to take clients in our car, but I couldn’t leave this client in her home yesterday. She shared with me that her boyfriend had hit and pushed her the night before and she was very afraid that next time he might injure her seriously. So, I drove her to the shelter. They had space for her.”
* What would your approach be?



 🞏 Reflective Supervision 🞏 Clinical Supervision

* What would you as a supervisor say to this PHN?
1. A NFP PHN who is feeling overwhelmed and trying to keep up with all of her clients, especially the postpartum visits for four clients who all delivered in the space of one week, shares with you, “I don’t know whether I need to report my client’s boyfriend for statutory rape or not. I missed the workshop last month because my daughter was sick that day, and I haven’t had time to read the manual.”



* What would your approach be?

🞏 Reflective Supervision 🞏 Clinical Supervision

* What would you as a supervisor say to this PHN?

Both the supervisor and the family nurse understand that they each have a shared responsibility for the supervisory relationship and processes, a review of which should be undertaken every six months.

This document is designed to guide a useful discussion with separate reflection prompts and questions for supervisors and family nurses. It has been developed using relevant modes or areas of the Seven Eyed Model of Supervision which is recommended for use within NFP.

It is helpful to assume that improvement is always possible and encourage both to engage in continual extension of both understanding and practice within supervision.

1. **Using the STAR Framework in 1:1 Reflective Supervision**

🟋**Activity: Practice using the STAR Framework in 1:1 Reflective Supervision**

**Instructions:**

|  |  |
| --- | --- |
| 1. Find a partner with whom you will be comfortable role playing with.
2. Using the scenario “Jenna” (you may recall we used this same scenario in *NFP Fundamentals*), one of you will play the public health nurse (PHN) and one of you will play the supervisor.
 |  |

1. The supervisor will use the “Reflective Supervision Structure” form (on next page) to document what happens in the session (just complete Steps 4-8)
2. Consider how you would incorporate the Gibbs Reflective Cycle into the session



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| A PHN on your team (Cathy Jones) has completed her first STAR coding sheet with a newly enrolled client. She shares the coding sheet during her weekly 1:1 supervision and states that she isn’t sure what to do with this client and that she is not confident in working with clients with substance use.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Jenna is a 19-year-old single female, 21 weeks’ gestation, lives with her boyfriend and father of the baby, Jay. When the PHN comes into the apartment on the first home visit, she notices things are put away, the house is clean, dishes are washed, and the floor appears to have been vacuumed. You smell cigarette smoke and you notice there are cigarette butts in an ash tray on one of the end tables.Jenna was referred to NFP from the social worker at the hospital OB clinic. She shares an apartment with her boyfriend who is a smoker (he has promised to stop smoking in the apartment when the baby is born. She works with her mom flipping houses and needs to plan what I am doing as her doctor appointment increase, so she doesn’t miss work. Jenna recently graduated high schoolJenna is excited about her pregnancy and has a lot of questions about the baby. She thinks that her mom “will love this program”. They have had some friction in the past, but have gotten closer now that she’s pregnant. She has found herself “asking her to tell me how I was as a kid myself. That may seem stupid, but I like to hear about the fun things she remembers about us.” Her mom has been offering supportive advice like “eating right and getting rest when she can.” Jenna is keen to have a NFP PHN visit.  |



|  |
| --- |
| Debrief:* Review the Supervisor’s documentation/assessments for steps 4-8 Reflective Supervision Structure Form
* Did this session require a clinical and/or reflective supervision approach and why?
* How can the STAR Framework be used to prioritize and plan interventions for this client?
 |

**Reflective Supervision Structure**

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| --- | --- |
| **Purpose:** | This form may be used by Supervisors to provide structure/organize their 1:1 reflective supervision sessions with NFP public health nurses (PHNs) |
| **When to complete:** | The NFP Supervisor would complete this during and/or after a 1:1 session.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of NFP PHN: | ` |  | Date: |  |
| Name of NFP Supervisor: |  |  |  |  |

1. **Greeting and Reconnection**
2. **Review and Report** (feedback from previous activities):

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| --- |
|  |

1. **Formulate the agenda**

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|  |

1. **Description of cases (**What happened;Thoughts;Feelings):

|  |
| --- |
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1. **Evaluation and Analysis (**What is working & what isn’t; What else could you do if it happens again**;** Make sense and meaning of the situation):

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| --- |
|  |

1. **Explore options:**

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1. **Action plan:**

|  |
| --- |
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1. **Plans for next meeting:**

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|  |

**Insert STAR Coding**

**Insert STAR Coding**

1. **Conducting joint observation home visits**

**Seven-Eyed model of supervision**

The Seven-Eyed Model (Hawkins & Shohet, 2012) is one of the best-known models that helps explain what is “done” in supervision. Its usefulness is based on a very simple truth. No matter how experienced you become as a supervisor there will always be more “happening” in a session than it’s possible to deal with at the time. There are many questions that you can ask or not ask – and many avenues to explore once a conversation starts. Once asked you can’t go back – you will always have influenced what happens next.

|  |  |
| --- | --- |
| * What’s fascinating is to consider what informs our choices – what prompted us to go in this direction or another?
* Whilst some of those choices will be conscious, at other times the choices we make will be driven by our unconscious or by the dynamics in our client relationship.
* With practice, we can become more aware of these choices “in the moment” when working with a client.
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**The seven-eyed supervisor model**

1. Focus on the client and what/how they present
2. Exploration of the strategies and interventions used by the supervisee (NFP PHN)
3. Focusing on the relationship between the client and the NFP PHN.
* Attending to the client’s transference.
* Learning from the unconscious supervision of the client
1. Focusing on the NFP PHN
2. Focusing on the supervisory relationship
3. The supervisor focusing on their own process
4. Focusing on the wider contexts in which this work happens
* Focusing on the context of the client
* Focusing on NFP PHN’s interventions on the context of their profession and organization
* Focusing on the context of the NFP PHN-client relationship
* Focusing on the wider world of the FP PHN
* Focusing on the context of the supervisory relationship
* Focusing on the context of the supervisor
* **Integrating the processes**



Model adapted by the FNP National Unit, England.

**Conducting Observation Home Visits**

As per the Core Model Element # 12:

*Each NFP team has an assigned NFP Supervisor who leads and manages the team and provides nurses with regular clinical and reflective supervision.*

In addition to supporting 1:1 reflective supervision, the supervisor also facilitates:

* Case Conferences
* Team Meetings
* Field Supervision/Joint home visits
* Education/learning activities

Purpose of Observation Home Visits:

* Present an opportunity for the PHN and supervisor to actively reflect on their experiences and observations, sharing these with each other in a collaborative, strength-based, and dynamic way
* Provides opportunities for reflection, coaching, learning, and growth
* One facet of NFP program continuous quality improvement

As per Introduction to NFP Supervisor role:

|  |  |  |
| --- | --- | --- |
| Component | Requirements | Description |
| Reflective Supervision | * 1 hr. once per week per PHN
* Sessions should be uninterrupted
* Routinely scheduled
 | * 1:1 supervision
* Usually done in-person
 |
| Case Conference/Education Sessions | * 1-1.5 hrs. weekly with NFP team
* Alternate sessions are focused on group education activity
 | * Team has regularly scheduled meetings to review client cases and support continued skill development through education sessions
 |
| Joint home visits | * Three times a year (or more as needed) with supervisor
* Clients are informed about joint visits upon program enrollment + visits are arranged with client in advance
 | * Home visits with supervisor
* Peer visits may be conducted as desired (do not replace supervisor visits)
 |

Adapted from Beam et al., 2010

🟋**Activity: Practice using the Home Visit Observation - Supervisor Form**

|  |  |
| --- | --- |
| **Instructions:*** Review how to complete Home Visit Observation -Supervisor form
* Watch the video
* Complete the following Areas of the Home Visit Observation - Supervisor Form
* **Area 6: Communication Style**
* **Area 7: Change Talk and Planning for Change**
* **SUMMARY SECTION**
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| <https://www.youtube.com/watch?v=zou77TdAlDE> |



|  |
| --- |
| Debrief:* Review group members’ observations/assessments of the two areas:
* Communication Style + Change Talk
* What “Areas of Strength” did you note?
* What “Areas for Improvement” did you note (if any)
* How did you find using the tool?
 |

**Home Visit Observation Form – Supervisor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of NFP PHN: |  |  | Date: |  |
| Name of NFP Supervisor: |  |  | NFP Visit: | * Pregnancy # \_\_\_\_\_\_\_\_\_\_
* Infancy # \_\_\_\_\_\_\_\_\_\_
* Toddler # \_\_\_\_\_\_\_\_\_\_
 |

**Area 6: Communication Style**

1. To what extent did the PHN make appropriate use of the 3 communication styles (following, guiding, and directing) with the client during this visit?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | 5 |  | 10 |
| Rarely | Mostly  |

1. What did you notice that made you place the PHN at this level?

|  |
| --- |
|  |

1. How did the PHN use OARS (Open-ended questions, Affirmations, Reflective listening, and Summaries). during the visit? Please note any good examples to feed back.

|  |
| --- |
|  |

1. What might the PHN have done differently to improve her use of communication styles in this visit?

|  |
| --- |
|  |

**Area 7: Change Talk and Planning for Change**

1. What change talk did you hear from the client in this visit?

|  |
| --- |
|  |

1. Did the PHN guide the conversation to strengthen change talk? 🞏 Yes 🞏 No
2. If yes, how did she do this?

|  |
| --- |
|  |

1. If no, note any opportunities she didn’t / did not fully explore.

|  |
| --- |
|  |

1. If any change plans were agreed to in today’s visit, how did the PHN create positive opportunities for this to occur?

|  |
| --- |
|  |

1. Was a review of progress included for the next home visit? 🞏 Yes 🞏 No
2. What else might the PHN have done to facilitate the making of a change plan in partnership with her client at today’s visit?

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| --- |
|  |

**SUMMARY SECTION**

**Areas of Strength:**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

**Areas for Improvement:**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

🟋**Optional activity if time permits:**

**Practice using the Home Visit Observation - Supervisor Form #2**

|  |  |
| --- | --- |
| **Instructions:*** Watch the video
* Complete the following Areas of the Home Visit Observation - Supervisor Form
* **Area 3: NFP Spirit and Ethos**
* **Area 4:** **Engagement**
* **SUMMARY SECTION**
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| <https://www.youtube.com/watch?v=RtGKseSfcec&t=8s> |

**Home Visit Observation Form – Supervisor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of NFP PHN: |  |  | Date: |  |
| Name of NFP Supervisor: |  |  | NFP Visit: | * Pregnancy # \_\_\_\_\_\_\_\_\_\_
* Infancy # \_\_\_\_\_\_\_\_\_\_
* Toddler # \_\_\_\_\_\_\_\_\_\_
 |

**Area 3: NFP Spirit and Ethos**

1. To what extent do the PHN convey a spirit of respectfulness and collaboration with her client during this visit?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | 5 |  | 10 |
| Very low respect and collaboration  | Very high respect and collaboration |

1. What did you notice that made you place the PHN at this level?

|  |
| --- |
|  |

1. What else might the PHN do to convey a spirit of respect and collaboration?

|  |
| --- |
|  |

1. What did you see that demonstrated the PHN continued to build on the trusting relationship to support change?

|  |
| --- |
|  |

1. Were any boundaries challenged in this visit and if so did the FN manage this in a respectful way?

|  |
| --- |
|  |

**Area 4: Engagement**

1. To what degree did the client appear to engage in working with the PHN at today’s visit?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | 5 |  | 10 |
| Client was not at all engaged | Client was fully engaged  |

1. What did you notice that made you place the client engagement at this level?

|  |
| --- |
|  |

1. What evidence do you have from the client that supports this?

|  |
| --- |
|  |

1. What did the PHN do to facilitate client engagement?

|  |
| --- |
|  |

1. What else might the PHN do to support positive change in relation to the NFP program goals in the future?

|  |
| --- |
|  |

**SUMMARY SECTION**

**Areas of Strength:**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

**Areas for Improvement:**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |



|  |
| --- |
| Debrief:* Review group members’ observations/assessments of the two areas:
* NFP Spirit/Ethos + Engagement
* What “Areas of Strength” did you note?
* What “Areas for Improvement” did you note (if any)
* How did you find using the tool?
 |

1. **Workplace Coaching**

Coaching, defined as “an ongoing approach to managing people,” creates a genuinely motivating climate for performance:

* Improves the match between an employee's actual and expected performance
* Increases the probability of an employee's success by providing timely feedback, recognition, clarity and support

In a performance management cycle, coaching means providing ongoing feedback and support to the employee throughout the year. Coaching gives the employee an opportunity to hear about aspects of his or her performance in "real time" and to play a role in figuring out how to best adopt or modify their behavior for success.

Several basic assumptions form the underpinnings of successful coaching:

|  |  |
| --- | --- |
| * Employees want to succeed at work.
* Employees can contribute ideas on how work should be performed.
* Employees will work hard to achieve goals that they have played a role in developing.
* Employees are open to learning if they recognize the value to them in terms of improved success on the job and subsequent reward and recognition.
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These assumptions are the basis for the trust that is imperative in any coaching relationship. Research has shown that when a manager operates under these assumptions, employees respond positively. This is true even if the employee is new or is experiencing some performance problems.

**There are four main dimensions to the coaching role:**

1. **Providing Direction**

This involves articulating the department's goals and values in a clear concise manner and is especially important in the planning phase of the performance management cycle. Employees need to understand the context in which they work so that they can see the link between their performance and the department's overall success. The clearer the department goals are, the easier it will be for employees to translate them into their own individual goals. Coaching direction involves ensuring that employees stay focused and understand priorities. Employees may also need technical direction in terms of learning new tasks or taking on new assignments. Finally, the manager as coach is responsible for establishing the commitments that will move employees toward achieving results.

1. **Improving Performance**

|  |  |
| --- | --- |
| As a coach, the manager is responsible for creating a learning environment where employees are supported in their efforts to continuously improve to meet today's challenges. The coach does this by:* Assessing current capability
* Providing feedback
* Helping the employee to identify what is needed
* Creating opportunities to fill in the gap
 | C:\Users\Debbie\Pictures\Microsoft Clip Organizer\Learning\Coaching2.png |

If continuous improvement is to occur, the coach must provide a "safe" environment for creativity and risk taking. Mistakes must be viewed as lessons learned. Setbacks are opportunities for development. With this kind of support, the employee will have the confidence necessary to attain the next level of ability.

1. **Opening up Possibilities**

One of the goals of coaching is to develop capabilities for the employee to solve problems and make decisions. This is done by asking the right questions, challenging the employee's thinking, offering new options, supplying additional information that expands employee's understanding or providing a new interpretation to a situation. Coaching empowers the employee to be part of the decision-making process.

1. **Resource for Removing Obstacles**

In some cases, the coach may take an active role in paving the way for the employee by confronting, when necessary, those people who are obstacles to the employee's progress or providing additional resources if necessary. At other times, the coach serves as a sounding board for the employee as he/she develops his/her own strategy for overcoming the obstacle.

**Performance Management/Corrective Coaching**

**Will coaching work for the problem employee?**

Too often managers deal with employees who have performance problems by vaguely referring to a problem area. The specific facts that indicate a problem and the specific measures that must be taken in order to address the problem are rarely articulated. Too often, an employee who is exhibiting a problem is left out of the process when a solution to the problem is being developed. Performance management coaching calls for swift, clear and concrete identification of the performance or behavior problem, as well as joint resolution of the problem before it becomes a serious obstacle to good performance.

Corrective coaching comes into play when you need to address attitudes or behaviours that are detrimental to performance or cohesive team relationships. Corrective coaching is problem solving at the source. You want to tackle problems in their infancy and dispatch them in short order. Performance Management/Corrective coaching can help reduce both the quantity and severity of problems that come your way.

 **NFP Supervisors often wonder:**

* “How do I practice reflective supervision while addressing performance issues–aren’t they diametrically opposed to one another?”
* From a corrective coaching perspective, reflective supervision and motivational interviewing are tools you can use to get to the bottom of a performance issue in order to resolve the problem.

|  |  |
| --- | --- |
| **Performance Plan:*** A performance plan may be used to guide your team member to improved performance.
* Use motivational interviewing and reflective supervision techniques to create a performance plan with the team member, not for the team member.
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Performance plans can be as simple as:

* Objective: The goals or standards that should be met.
* Time: Target dates for meeting the objective.
* Measurement: How performance will be measured. What constitutes success?

Coaching content adapted from: Massachusetts Institute of Technology

<http://hrweb.mit.edu/learning-development/learning-topics/leading/articles/what-is-coaching>



|  |
| --- |
| * Reflective supervision helps the supervisor and PHN build a trusting relationship
* Key elements to reflective supervision include: reflection, collaboration and relationship-based, regularity, and safety
* Reflection, motivational Interviewing skills, and conversations about performance expectations are not mutually exclusive
* A skilled supervisor will know when s/he should utilize clinical versus reflective supervision
* The Seven-Eyed Model (Hawkins & Shohet, 2012) helps explain what is “done” in supervision.
* There are four main dimensions to the coaching role: providing direction, improving performance, opening up possibilities, Resource for Removing Obstacles
 |

|  |  |
| --- | --- |
| **Any reflections or questions on this session?** |  |

|  |  |
| --- | --- |
| C:\Users\Debbie\AppData\Local\Microsoft\Windows\INetCacheContent.Word\Action Plan8.png | What are the skills you need as a supervisor to provide Reflective Supervision to your PHNs? List two steps you will take to enhance your skill in providing reflective supervision.1)2) |

**References**

Gibbs, G. (1988). Learning by doing: A guide to teaching and learning methods. Further Education Unit, Oxford Polytechnic.

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Parlakian R, Seibel NL. 2001. Being in charge: Reflective leadership in infant/family programs. Washington, DC: Zero to three.

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http://hrweb.mit.edu/learning-development/learning-topics/leading/articles/what-is-coaching

**Appendix A**

**Overview of One-to-One Reflective Supervision Structure & Process**

|  |  |  |
| --- | --- | --- |
| **When** | **NFP PHN** | **Supervisor** |
| **PRIOR** | Completes Getting Ready for Supervision form | Completes any activities agreed upon at last session |
| Has Reflective Supervision form from previous session and charts of clients to be discussed at this session | Has PHN’s supervision file ready, along with a copy of Reflective Supervision form from previous session |
| **DURING** | Shares current concerns as outlined on Getting Ready for Supervision form and collaborates with supervisor on setting agenda for this session | Asks how nurse is doing and collaborates with PHN on setting agenda for this session |
| Reports follow-up on activities agreed upon at previous supervision session | Refers to and makes notes on Reflective Supervision form as PHN shares follow-up |
| Discusses current concerns about clients—including facts, feelings and ideas about how to deal with client issues and challenges—using the reflective cycle | Listens and asks appropriate questions to elicit details of PHN concerns about clients, feelings about client issues and possible solutions (and makes notes on Supervision Record Client Notes) |
| Collaborates with supervisor on agreed upon activities for coming week(s) (not all activities will be completed within one week) and plans for next session | Collaborates with PHN on agreed upon activities for coming week(s)/plans for next session, and records items on Reflective Supervision form |
| Receives Reflective Supervision form and uses as reminder of activities to be attempted in coming week(s)/plans for next session | Gives PHN Reflective Supervision form and keeps a copy to guide own activities and as a record in PHN’s supervision file |
| **AFTER** | Works on completing agreed upon activities | Works on completing own agreed upon activities, reflects on how the session went, and makes notes on any items to address at next session |

**Appendix B**

**Expectations of NFP PHNs for One-to-One Reflective Supervision, Case Conferences, and Joint Home Visits**

The following expectations are based on input from NFP supervisors and PHNs who have experienced reflective practice. As you read these expectations, some will seem like common sense. Highlight the ones that you think are more challenging to implement as a new PHN in the NFP model and discuss with your supervisor.

* Make 1:1 supervision, case conferences, and joint visits a priority equal to client visits
* Be prompt for scheduled meeting.
* Be willing to bring program, client, and therapeutic relationship issues to supervision and case conferences
* Actively seek feedback and respond to it productively
* Give thoughtful feedback in a professional manner
* Bring up-to-date charting of clients you plan to discuss to supervision and case conferences
* Prepare for each opportunity to reflect by examining your caseload for specific clients and client issues that challenge you or where you have experienced successes.
* Consider how you have grown and how you would like to grow professionally.
* Prepare to discuss your clients’ strengths in attitudes, knowledge, skills, and support network within the six program domains.

**Appendix C**

**Forms/tools included in NFP supervisor forms manual**

|  |  |
| --- | --- |
| Supervision Form/Tool | Purpose/Direction for Use |
| Case Presentation  | This form is designed to assist the PHN summarize and organized the information about her client to present to the team during a case presentation. This will help keep the presentation of the case/situation as brief as possible, therefore ensuring adequate time for the team to actively participate in the discussion. It will be particularly useful for those client situations where there are many complex issues. This form may also be used to organize information for a 1:1 consultation with their NFP Supervisor.  |
| Case Presentation Using STAR Framework | This form is designed to assist the NFP PHN summarize and organize the information about her client using the STAR Framework, to present to the team during a case presentation. This will help keep the presentation of the case/situation as brief as possible, therefore ensuring adequate time for the team to actively participate in the discussion. It will be particularly useful for those client situations where there are many complex issues. This form may also be used to organize information for a 1:1 consultation with their NFP Supervisor.  |
| Getting Ready for Supervision | This enables the PHN to consider her accomplishments since the last supervision session, any implementation challenges she currently has, and to prepare for updating the Supervisor on plans made at the previous supervision session. It also enables the PHN to identify all the clients she wishes to discuss in this or subsequent supervision sessions. |
| Home Visit Observation Form: * PHN
* Supervisor
 | Observation home visits present an opportunity for the PHN and supervisor to actively reflect on their experiences and observations, sharing these with each other in a collaborative, strength-based, and dynamic way. The PHN and Supervisor choose 2 or 3 thematic areas in advance (there are 13) to focus on during the home visit (usually during the previous reflective supervision session). *Directions on how to complete are included on page 13 of the form.* |
| How is Supervision Going Between Us? | The NFP PHN and supervisor have a shared responsibility for the supervisory relationship and processes, a review of which should be undertaken every six months. The tool is designed to provide an opportunity for the NFP PHN and supervisor to share their reflections together, specifically focused on: Identifying what is going well; Identifying areas for improvement, and developing mutual actions plans This document is designed to guide a useful discussion with separate reflection prompts and questions for supervisors and NFP PHNs. It has been developed using relevant modes or areas of the Seven Eyed Model of Supervision. It is helpful to assume that improvement is always possible and encourage both to engage in continual extension of both understanding and practice within supervision. |
| The Nurse Difference Game | The Supervisor might use this in reflective supervision when she wants to better understand the needs and priorities of an individual PHNs although it is usually used as a team-based activity. Copy the pages and cut the boxes out to make cards. Ask the PHNs to sort the cards into two piles: a pile for “Yes, it would make a difference” and a pile for “No, it would not make a difference.” Then ask them to take the “yes” pile and choose the top three to five cards. The activity will help the nurses clarify what is really most important to them and the most difficult obstacles to their continued commitment to the work or to completing the work effectively. If your team is struggling, this can quickly show you the first few priorities to address; sometimes very simple things. This can be used multiple times as the needs of the team change as you progress through the program, and as the nurses mature in their role in NFP.  |
| Quarterly Supervision Record | This is used to track due dates for performance review and NFP Data Collection forms submitted about a nurse’s performance. The NFP Supervisor uses one form for each PHN quarterly and updates as needed. |
| Reflective Supervision Form | This form is used by the supervisor to acknowledge PHN efforts on planned activities, recent successes, and to establish goals for the next week. It is very helpful documentation in reviewing past challenges and efforts to manage them. It is also helpful as a great history of growth. *Directions on how to complete are included on page 2 of the form.* |
| Reflective Supervision Structure  | This form may be used by Supervisors to provide structure and organize their 1:1 reflective supervision sessions with PHNs |
| Significant Issues Worksheet | This form may be used to identify significant issues related to NFP clients. It might also be used by a Supervisor to keep track of client progress during reflective supervision sessions or by the nurse to plan for the next visit and/or document some brief notes. PHNs may use this worksheet to ensure continuity of care for short term coverage or transfer to a new NFP nurse, as a tool to manage workload, in preparation for Supervisor reflection meetings, and/or case conferences. |
| Team Meeting and Case Conference Form | This form is used to track the occurrence of team meetings, case conferences, and education provided during NFP team meetings. It will provide valuable information re frequency, length, and content of these meetings, assisting in the assessment of fidelity to core model element regarding reflective supervision.  |
| Weekly Supervision Record | This form is used to track the one-to-one weekly supervision between a supervisor and the NFP PHN. One-to-one supervision should be conducted/scheduled weekly for one-hour per NFP PHN and Clinical Consultation will occur when needed. *Directions on how to complete are included on page 2 of the form.* |
| What Can We Talk About in Reflective Supervision? | Use this tool as a way to help you think about assumptions about yourself and your clients, about boundaries and responsibilities in relationships, and about the best ways to help your clients grow in self-efficacy |