

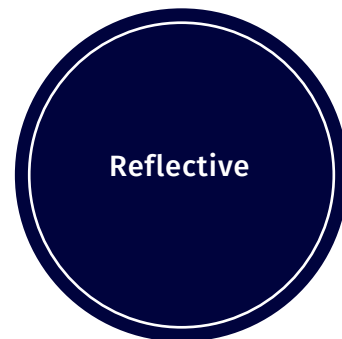


## Types of Supervision Used in Home Visitation Programs

This resource provides evidence-informed guidance for individuals who provide supervision to public health nurses. The purpose of this document is to differentiate between various types of supervision used in home visitation programs. It is important to ensure that all requirements for supervision follow local agency policies and nursing practice standards.

**Brief Note:** There are different job titles used within organizations to describe leadership positions that may be responsible for doing the work of reflective supervision. The term “supervisor” is used in this document to describe a person who is responsible for leading reflective supervision. This may be a manager, supervisor, clinical lead, public health nurse or other leaders that support nursing supervision.

### Three Types of Supervision Used in Home Visitation Programs<sup>1</sup>




It is important to determine the differences between these roles and identify what type of supervision is needed.<sup>4</sup> Supporting reflective practitioners requires different supervision skills and attributes to facilitate learning and critical reflection. These skills are then applied within reflective supervision to build on nurses' strengths and capacity to apply new knowledge and analyze complex situations.<sup>3</sup>



# Types of Supervision Used in Home Visitation Programs<sup>1</sup>

## Administrative

- **Objective** is to ensure agency policies, procedures and program requirements are followed.
- **Supervision tasks** focus on:
  - hiring and training new staff
  - evaluating documentation or home visit records
  - reviewing policies, procedures and program elements
  - scheduling and coordinating staff activities
  - evaluating staff productivity and performance.




There may be times when supervisors identify a need to switch gears and change the focus of the supervision session from clinical to administrative or to reflective. An example of this is when a practice or safety concern is identified.

## Clinical

- **Objective** is to develop home visitors' skills to engage and work with families.
- **Supervision tasks** focus on:
  - reviewing specific client situations
  - identifying and labelling issues emerging from the home visiting process or nurse-client relationship
  - evaluating assessment data and intervention options
  - reviewing family service plans
  - providing guidance, advice and feedback
  - rehearsing (or role modelling) clinical skills
  - receiving or providing support (from supervisor or team members)
  - delivering training/education

## Reflective

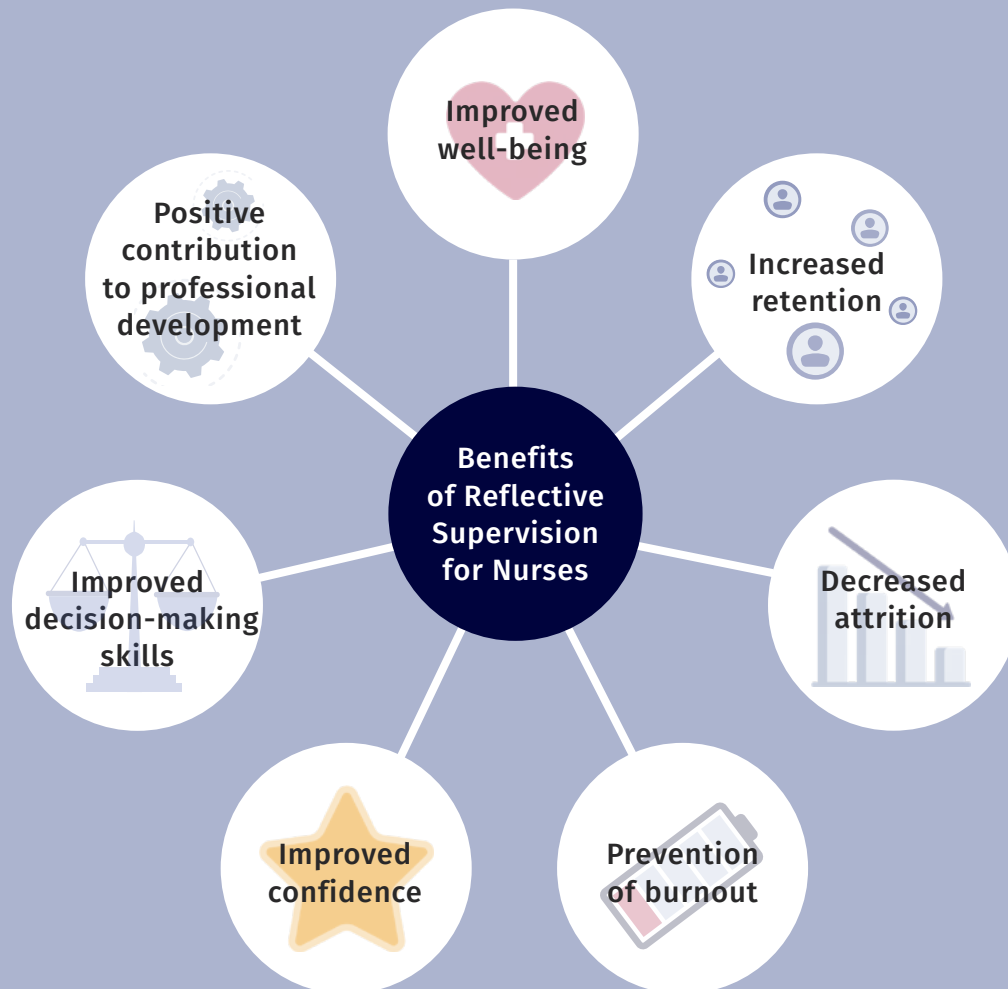
- **Objective** is to support public health nurses to reflect on the emotions experienced when supporting families and create opportunities for debriefing leading to a better understanding of their professional practice.
- **Supervision tasks** focus on:
  - creating a relationship for learning where nurses feel safe and supported to share experiences, emotions, and vulnerabilities that stem from their work with pregnant individuals and families with young children.<sup>2</sup>
  - supporting best practices for clients while supporting nurses professional development.<sup>1</sup>
  - making connections between the lived experiences of individuals and their relationships to the lived experiences and relationships of others
  - implementing processes to prepare for, engage in, and debrief following reflective supervision (see [Reflective Supervision Checklist: Supervisors](#))



The parallel process of reflective supervision signifies how one relationship impacts others. In reflective supervision it is important to model relational practice principles. Relational practice is a humanely involved process of respectful, compassionate, and authentically interested inquiry into another (and one's own) experiences"<sup>1-2</sup>

## Reflective supervision improves important program outcomes

When public health nurses engage in reflective supervision it can have a positive impact on the care provided to clients and has the potential to improve family outcomes.<sup>1</sup> When nurses feel supported to work through the challenges that accompany working in home visiting programs their well-being is improved, which can lead to reduced rates of burnout and positive contributions to the work environment.



### References:

<sup>1</sup>Alliance for the Advancement of Infant Mental Health. (2018). Best Practice Guidelines for Reflective Supervision/Consultation. <https://mi-aimh.org/wp-content/uploads/2019/01/Best-Practice-Guidelines-for-Reflective-Supervision-and-Consultation.pdf>.

<sup>2</sup>Canadian Nurses Association. (2010). Ethics in Practice for Registered Nurses. Ethics, Relationships and quality of practice environments. [https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/ethics\\_in\\_practice\\_jan\\_2010\\_e.pdf?a=en](https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/ethics_in_practice_jan_2010_e.pdf?a=en).

<sup>3</sup>Earle, F., Fox, J., Webb, C., & Bowyer, S. (2017). Research in Practice Reflective Supervision: Resource Pack. [www.rip.org.uk](http://www.rip.org.uk).

<sup>4</sup>Tomlin, A., Weatherston, D., & Pavkov, T. (2014). Critical components of reflective supervision: Responses from expert supervisors in the field. *Infant Mental Health Journal*, 35(1), 70-80. <https://www.doi:10.1002/imhj.21420>.

<sup>5</sup>Zero to Three. (2019). Reflective practice and reflective supervision. <https://www.zerotothree.org/resources/3883-reflective-practice-and-reflective-supervision>.

**Citation:** Shepherd, J., & Jack, S.M on behalf of the PHN-PREP Project Team (2021). Types of Supervision Used in Home Visitation Programs [Professional Resource]. School of Nursing, McMaster University. [<https://phnprep.ca/resources/types-of-supervision/>]

*In creating the content for this Professional Resource, McMaster University [project led by Susan Jack] engaged in research, analysis and synthesis of existing resources, guidelines, tacit professional knowledge as well as any available research evidence to date. McMaster University makes every reasonable effort to ensure that the information is accurate at the time of posting. We cannot guarantee the reliability of any information posted. This Professional Resource is for information and education purposes only and should not substitute any local policies and legislative and professional responsibilities required by your licensing body. In the event of any conflict, please follow your local policies and legislative and professional responsibilities. This material has been prepared with the support of the Province of Ontario but the views expressed in the document are those of McMaster University, and do not necessarily reflect those of the Province.*