

BCHCP Process Evaluation Communiqué #14 | September 9, 2017

Analysis of Nurse-Family Partnership® (NFP) Reflective Supervision and Team Meetings Forms

One objective of the BCHCP process evaluation is to determine the extent to which the NFP is delivered with fidelity to the 18 required elements. Core Model Element #14 states that:

“Nurse supervisors provide nurse home visitors’ clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.”

Supervisors complete two forms weekly to document their meetings with public health nurses (PHNs): 1) Team Meeting, Case Conference, Education Session Form; and 2) Weekly Supervision Record. Hard copies of these forms were shared with the Process Evaluation research team. This Communiqué provides a descriptive summary of the quantitative data from these two forms provided by all Health Authorities (HA) from January 1 - December 31, 2016. All data is aggregated to the provincial level.

Weekly Reflective Supervision Meetings and Joint Home Visits

Supervisors are expected to meet with each PHN weekly to provide one-to-one reflective supervision. Reflective supervision is distinct from other types of supervision as it utilizes a reflective cycle to explore the NFP PHN’s experiences that allows her to discover solutions, concepts and perceptions on her own without interruption or direction from the supervisor. It is recommended that individual reflective supervision be provided weekly.

Every four months the supervisor is also expected to make at least one observation home visit, also called a joint home visit, with each PHN. Shared reflection on the home visit can support a deeper understanding of observed family dynamics and relationships as well as enable exploration of the PHN’s skills and clinical practice.

Team Meetings, Case Conferences, and Education Sessions

- **Team Meetings** are held for administrative purposes, to discuss program implementation issues, and team building.
- **Case Conferences** are meetings with the team dedicated to joint review of cases, data reports, and team challenges using reflection to explore and critically analyze issues in order to develop understanding and professional growth.
- **Education Sessions** can include: structured time for revisiting and extending learning undertaken as

¹ In Canada, public health nurses deliver the NFP program.

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part of the NFP curriculum, opportunities to practice or role play new nursing skills with the NFP team, learning with external experts to support responsiveness to particular client challenges, and/or facilitation of a team learning activity.

- It is recommended that team meetings are held twice a month alternating between case conferences and education sessions.
- Typically, in BC when a 5th week occurs in the month, there isn't a meeting that week or NFP education is planned.

Completion of Weekly Reflective Supervision Meetings (Table 1):

- The calculation of % **weekly 1:1 meetings** held was determined based on the data entered in the form:

$$\left[\frac{\text{Total number of meetings held}}{\text{Total number of meetings held (including joint home visits) + Total number of meetings not held}} \right] * 100$$

- There was a variation in the range of weekly meetings that occurred between the supervisor and individual PHNs from 54.4% - 70.9%; average = 63.1%
- The range of duration of 1:1 meetings amongst all HAs (excluding joint home visits) was 5.0-62.3 minutes.
- The range of all 1:1 meetings was very broad within and amongst HAs, ranging from 5-420 minutes; median for all HAs = 60.0 minutes
- There were a number of sessions noted as a “touch base” which lasted less than 10 minutes, ranging from 0-16 per HA; average = 7.
- The mode of how the meeting occurred varied significantly amongst HAs:
 - In-person: 9.4% - 98.4%; average = 65.2%
 - Teleconference: Interior= 0 - 85.2%; average = 33.6%
 - Videoconference: Interior = 0 - 5.25%; average = 1.2%
- The most frequent reason 1:1 meetings did not occur were:
 - Vacation (average= 50.9%; range= 43.2-56.9%), scheduling conflict (average= 11.8%; range= 0–14.4%), and illness (average= 9.5%; range= 5.2-15%).
 - The forms do not indicate if these issues were related to the PHN and/or supervisor.
- In several HAs, there was a large number of meetings where no reason was indicated as to why it did not occur. Range = 5.9 – 22.2%; average = 11.6%
- Some supervisors continued to record 1:1 meetings as “missed” although they noted that the PHN had left NFP program. Similarly, one supervisor recorded 1:1 meetings as “missed” with the explanation the PHN had not yet joined the team.
- The form used to document 1:1 reflective supervision sessions has a column where the supervisor can document “issues focused on” during the session. It was impossible to analyze this data as the list of issues documented by the supervisors was extensive and no consistent themes/issues emerged.
- If a date was entered and the column “Where Reflective Supervision Occurs” had N/A entered but no reason was indicated for why the meeting did not occur, we still had to assume a meeting did not occur.

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Table 1: Weekly 1:1 Reflective Supervision Meetings/Joint Home Visits (JHV) in 2016

Health Authority	% weekly 1:1 mtgs. held	Mode of weekly 1:1 mtgs. (includes Joint HV)	Duration of all weekly sessions (in minutes)	Reason meeting did not occur
All HAs (averaged)	63.1%	In-person: 65.2% Teleconference: 33.6% Videoconference: 1.2% (Touch base only: 7)	Mean: 60.72-67.2 Median: 60 Range: 5.0 – 420.0	Vacation: 50.9% Scheduling Conflict: 11.8% Illness: 9.5% Stat holiday: 5.8% Busy workload: 3.6% Left NFP program: 3.0% Medical leave: 2.5% Other: 1.9% Inclement Weather: 0% Not indicated: 11.6%

Number and Length of Time of Joint Home Visits (Tables 2+3):

- HAs fell short of meeting the requirement for the completion of at least 1 joint home visit (JHV) every 4 months per PHN or 3 JHVs per year per PHN:
- The average # JHVs per PHN for the year ranged from: 0.25-1.9 (average = 1.5)
 - Note: 16.9% of all PHNs did not have any joint home visits (n=11/65) in 2016
- There range of duration of joint home visits for all HAs was 64-293 minutes (average = 152.2)
- Note: we cannot determine from the data if travel time was/wasn't included or if more than 1 home visit was observed

Table 2: Joint Home Visits Completed by Health Authority in 2016

Health Authority	Total # PHNs	# Joint home visits (JHV) per PHN					Total JHVs Done	Average JHV per PHN
		0 JHV	1 JHV	2 JHV	3 JHV	4 JHV		
All HAs	65	11	23	22	7	2	96	1.5

Table 3: Length of Time of Joint Home Visits Completed by Health Authority in 2016

Health Authority	Average length of time of each joint home visit (in minutes)	Range of length of time of joint home visits (in minutes)
All HAs	152.2	64-293

Analysis of Team Meetings, Case Conferences, and Education Sessions (Tables 4+5):

- On the data collection form, supervisors are asked to indicate if a case conference, education session, team meeting, or any combination of these was held.
- Overall, HAs usually held a weekly NFP meeting (team meeting, case conference, education session or combination): range = 82.4 - 98%; average= 92.3%
- Team meetings on average were conducted in-person: 38.8%, via teleconference: 23.1%, or both: 38.1% (some team members attended in-person while others called in to the meeting by phone)

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- The mode of the meeting varied amongst HAs:
 - In-person: 38.8% (range: 3.9 – 97.7%); Teleconference: 23.1% (range: 0 – 70%); Both: 38.1% (range: 0-82.4%. For “both” some of the PHNs attended the meeting in-person while others attended by teleconference
 - One HA, did not indicate the mode of the meeting, 21.5 % of the time.
- Averaging all weekly meetings: 39.8% were case conferences (range 19.6 – 64.4%), 33.2% were team meetings (range 10.3 – 48.0%), 10% were education sessions (range = 0-19.6%), and 8.4% were a combination of team meeting, education, and/or team meeting (range = 3.8 – 19.5%); 8.6% of the time there was no meeting scheduled (range = 2.0 – 21.6%)
 - Note: We were unable to ascertain from the way the data were entered what the actual combinations were when more than one activity happened at a meeting. For the HAs that had a high proportion of combined meetings, it might impact on the distribution of their reported meeting types above.
- The form used to document the type of meetings has a column where the supervisor is prompted to list the “top three topics” discussed at each meeting. As with the 1:1 Reflective Supervision form, it was impossible to analyze this data as the list of topics was extensive and no consistent themes/issues emerged.

Table 4: NFP Team Meetings Held in 2016

Health Authority	% Weekly meetings held	No Session Held	Mode of session
All HAs	92.3%	7.7%	In-person: 38.8% Teleconference: 23.1% Both: 38.1%

Table 5: Team Meeting, Case Conference, or Education Sessions Held in 2016

Health Authority	Case conference	Education session	Team meeting	Combination	No meeting
All HAs	39.8%	10.0%	33.2%	8.4%	8.6%

Recommended changes to the forms to improve ease/quality of data analysis:

Weekly Supervision Record:

- In the revised set of international NFP core model elements (which were developed after this data collection period), it states that the frequency of reflective supervision can be adjusted on a pro-rated basis for part-time PHNs. Therefore, a field should be added to the form to indicate full or part-time status/FTE of the PHN. Note: if the frequency of required individual reflective supervision sessions were pro-rated, the percent of weekly 1:1 meetings held would likely be higher.
- Given the number of brief touch base sessions that occurred (i.e. less than 10 minutes) it may be helpful to determine if there is a minimum time established for what would constitute a reflective supervision session.
- HAs may want to consider if there is any utility in analyzing the issues focussed on during 1:1 reflective supervision. If there is a Quality Assurance component to this information, going forward there will need to be a different way to document the information that easily lends itself to data entry and analysis.
- The directions for completing this form should have more clarity regarding when to record a session as missed i.e. do not include PHNs who leave the program or have not yet joined the team.

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- It might be helpful to set a benchmark for a reasonable/realistic expectation for how often weekly meetings should occur recognizing that this is not likely feasible during times of peak vacations (Christmas holidays, summer) and when Supervisor is on vacation
- The Weekly Supervision Record (WSR) forms are submitted quarterly (i.e. every three months), but the joint home visits are scheduled every 4 months making the tracking and analysis of this data complicated – it might be helpful for the timing of these of these to be aligned, perhaps submitting the WSR every 4 months?
- The average number of JHVs had to be calculated based on the assumption that the PHN worked the whole year. It would be helpful to have a field added to the form for the supervisor to indicate if the PHN required a JHV during that submission period; PHNs entering or leaving the program during the submission period might have the JHV waived at the Supervisor's discretion. The form should also indicate how many home visits were observed each time the supervisor went out to observe the PHN.

Team Meeting, Case Conference, Education Session Form:

- As with the *Weekly Supervision Record*, HAs may want to consider if there is any utility in analyzing the topics discussed at weekly team meetings, case conferences, and/or education sessions. If so, going forward there will need to be a different way to document the information that easily lends itself to data analysis
- As with the *Weekly Supervision Record*, it might be helpful to set a benchmark for a reasonable/realistic expectation for how often weekly meetings should occur recognizing that this is not likely feasible during holiday season or periods of peak vacation.
- When more than one activity occurs at a meeting (administrative meeting, case conference, and/or education session) the database should be set up to accept multiple answers and then have a way to separate out all the different combinations if needed in the analysis.

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