

BC Healthy Connections Project

PROCESS EVALUATION

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**BCHCP Process Evaluation Communiqué #3 | Nurse-Family Partnership Education (Supervisors) | April 8, 2015**

*"I think having a separate supervisor education is important because our work is different. In addition too, you know there are expectations and requirements, for example, case conferencing and reflective practice, team meetings that we as supervisors are required to facilitate. So I think it's important that we have some education around how to do that."*

**Overall Summary of Nurse-Family Partnership (NFP) Supervisor Education:**

Supervisors complete all Core NFP Education (Units 1&2) as outlined in Communiqué #2 Public Health Nurse NFP Education (2015.02.26). There are two components to the NFP education provided specifically to the supervisors.

1. Supervisor Unit 3: Interactive webinars accessed on-line through the US NFP National Service Office (NSO)
2. Supervisor Unit 4: 3 days face-to-face provided 4-6 months after Unit 2

Unit 4 was provided in Vancouver by two educators from the NSO to the original cohort of Supervisors. This was the first time all the supervisors had come together in person. Two new supervisors went to Denver in 2014 and joined a group of US supervisors attending Unit 4. This communiqué is a summary of the Process Evaluation data obtained through individual interviews conducted with each NFP supervisor and the NFP Provincial Coordinator.

**NFP SUPERVISOR EDUCATION**

**Helpful Strategies**

**Supervisor Units 3-4:**

- Appreciated that the content had been adapted to meet their needs
- Helpful content included: compassion fatigue, reflective practice
- Opportunity for team building and to network with the other BC NFP supervisors
- NSO Educators gave lots of examples of teaching ideas; provision of practical advice; shared "stories" based on their own experiences in NFP.
- Unit 4 manual – provided lots of tools to assist NFP Supervisors (e.g. choice model and case study) in developing effective communication strategies
- Small size of group facilitated a lot of discussion that was tailored to their learning needs
- Appreciated open dialogue and how to manage different situations
- Deeper level understanding about the NFP model and the client-centred principles emerged as a result of their attendance

**Mechanisms That Supported Supervisors' Ongoing Education/Learning Needs:**

- Annual supervisor face-to-face meetings: networking, problem solving, ongoing education
- Community of Practice: currently meets biweekly; occasional case conference for supervisors, continuing education, book club, mutual support
- Informal peer support: usually between other NFP supervisor(s) in the Health Authority; debriefing, venue to discuss difficult/complex clinical situations, celebrate successes, helps prevent vicarious trauma
- Learning from their team during: reflective supervision, team meetings and case conferences, joint visits with their PHNs (opportunity to keep up their skills with DANCE)
- Individual clinical consultations: Health Authority supervisor/ manager for non-NFP issues (some meet regularly, others as needed), NFP Provincial Coordinator
- Attend core education with new PHNs if possible: provides a content review
- Expand individual clinical expertise they can apply to NFP role: Reading motivational

**BC Healthy Connections Project**

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NFP SUPERVISOR EDUCATION	
Challenges	<p>interviewing (MI) and reflective supervision books; new webinars from NSO e.g. motivational interviewing update</p> <ul style="list-style-type: none"> <li>• Health Authority supervisor/management development programs/resources</li> <li>• Funding to attend conferences/professional development activities (access to funding variable)</li> <li>• May be a perception that NFP supervisors have received all the education they will need in order to deliver the program.</li> </ul>
Solutions and Recommendations	<p><b>Areas of Education They Liked Least/Felt Least Engaged</b></p> <ul style="list-style-type: none"> <li>• Supervisor Unit 3 webinars provided by the NSO: much of the content was US-centric, presentation methods did not reflect adult learning principles, limited opportunity to actively participate and talk about different situations; gap in knowledge base amongst attendees; technology issues</li> <li>• Going to Denver for Unit 4: not all sessions are relevant (e.g. Efforts-to-Outcomes documentation);</li> <li>• ½ day IPV session for supervisors added to end of Unit 4 as an evening session - was too intensive and exhausting</li> </ul> <ul style="list-style-type: none"> <li>• Develop Supervisor-specific Unit 1 (self-study prep that occurs before face-to-face.</li> <li>• Develop BC-specific webinars for Supervisor Unit 3 to replace NSO webinars</li> <li>• Unit 4 [face-to-face]: Spend more time on MI, reflective supervision, running team meetings and case conferences, PHN &amp; Supervisor competencies, program fidelity and continuous quality improvement CQI</li> <li>• Additional Education Required: vicarious trauma; reflective supervision techniques; team meeting facilitation; team building &amp; team dynamics; working more collaboratively with MCFD; how to integrate DANCE/PIPE into their reflective supervision sessions with the PHNs; how to use MI techniques in their reflective supervision sessions.</li> <li>• Explore options for providing individual reflective supervision to supervisors + opportunities for supervisor-specific case conferences</li> <li>• Explore feasibility for supervisors to carry small caseload to maintain clinical expertise</li> <li>• Shorten length of education days to accommodate travel time for those supervisors commuting into Vancouver versus staying in a hotel</li> <li>• Develop a “supervisor education handbook” that can be used to help facilitate team meetings</li> <li>• Explore feasibility for BC supervisors to meet with other supervisors in the US/Canada. Explore feasibility of an annual face-to-face supervisors or frontline and supervisors conference every year for skill development.</li> </ul>

*“...A few things that really that have stuck with me is it was communication and the choice loop that I use all the time, still use that language. And using MI in reflection that was helpful. And then the information around compassion fatigue and stress and you know supporting the nurses that's now 2 years later that's becoming evident how important that was.”*

*“Well I had a lot of anxiety around reflection, which was new for me. New for everyone I think....The reflection part was helpful.”*

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