Health and Care Radicals Submission

Enhancing clinical supervision
within the culture of MHS nursing staff

Andrew Adam

ND-MHS
What is the action that the School for Health and Care Radicals inspired?

Before I answer this question

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What is the action that the School for Health and Care Radicals inspired?

- To enhance clinical supervision (CS) within the culture of MHS-N nursing staff and to develop the culture to the point where CS is self-sustaining.
- The School for Health and Care Radicals has inspired me to continue in the face of resistance, by rolling rather than confronting.
When I commenced work for the then THO-N MHS there was nearly no clinical supervision occurring in the Inpatient setting and minimal use in community settings, yet as a trained Group Clinical Supervisor, I am well aware of the benefits to staff and consumers when CS is utilised in a Mental health workforce.
Background: What is Clinical Supervision in MHS?

- CS is an activity which includes educative, supportive and normative processes.
- CS is an opportunity for reflection, coaching and professional guidance.
- CS provides a mechanism for support, defusing and managing workplace stress, and for promoting accountability and competent best practice.
Why is this action important

- Mental health clinical staff provide high quality care when they place the consumer at the centre of care and approach staff/consumer interactions from the Therapeutic Use of Self paradigm.
- The aligns with the Government’s white paper that we ‘will be guided by the principle of placing patients first’
Why is this action important

• CS assists clinical staff to work through transference and countertransference issues in a safe supportive environment.

• Hence MH staff can interact with consumers far more therapeutically when they can focus on the needs of the consumer, rather than their own (often unconscious) needs.

• Inpatient staff have traditionally had limited access to CS
What steps were taken to implement CS

• Utilise experiential learning for this group to strengthen the supervisors understanding of Group CS (GCS), so that
  1. GCS sessions for the inpatient unit will always have experienced facilitators
  2. the experience of supervisees in GCS will be enhanced
  3. subsequent improvement in consumer outcomes will be experienced as well.
What steps were taken to implement CS

- Continue to build a system of Group supervision for supervisors, through the Clinical Nurse Educator and Clinical Coordinators on the Inpatient Ward.
- Become an active contributor Australian College of Mental Health Nurses (ACMHS) CS email list
Specific models or frameworks from The School for Health and Care Radicals (1.)

- Stages of change is an important one to consider, both from the perspective of where the inpatient team is at, as well as the various members within the team.
- As such provision of information about CS has been undertaken, however, this probably picked up those at either action or contemplation, so for those at pre-contemplation, different resources will be needed.
Specific models or frameworks from The School for Health and Care Radicals (2.)

- The 4 keys to collaboration\(^2\), particularly:
  - leaning into my discomfort; and
  - sharing my street corner
- I will better trust the other supervisors to facilitate CS sessions, whilst I utilise the supervision for supervisors as a way to model appropriate GCS facilitation and in doing so will share my experience and knowledge of GCS.
Specific models or frameworks from The School for Health and Care Radicals (3.)

- Whilst I am not naturally comfortable in a group setting, I have learnt the skills over many years because I have a passion to improve the health and happiness of staff and consumers,
- One of my stated goals for each GCS session that I facilitate, is that all participants leave the session feeling lighter than when they first sat down and,
Specific models or frameworks from The School for Health and Care Radicals (3.)

- This fits in nicely with the Gary Hamel quote about being ‘achingly eager to do whatever can be done, within the limits of physics and economics (and also for me, psychological abilities) to increase the quantum of happiness in the world.'
How has The School for Health and Care Radicals workshop helped develop me as a change agent?

• Simply put, the School for Health and Care Radicals workshop has been the inoculation booster I have needed, so that I may continue to challenge the system within which I work, to do better, to do more for people,

• I’d rather do this than continue to see good people ‘chewed up and spat out’, both staff and consumers, who express that they feel increasingly powerless to change the system.
What has been the outcomes so far?

- So far I have continued to facilitate the Group Clinical Supervision sessions.
- The CNE facilitates the CS sessions when I am not available.
- An increase in the number of participants in CS from 2 to 23.
What has been the outcomes so far?

- I have taken concerns about confidentiality to the ACMHS CS email list, and have subsequently raised the concern at the inpatient meeting so that staff have a better understanding of the confidentiality issue, as the breach of confidentiality would certainly have cause a loss of trust in GCS.
- An increase in the number of participants in the supervision for supervisors sessions.
What will the future outcomes be?

- The future, who knows exactly, however:

  My dream of a Mental Health service of well trained, well intentioned, well supported clinical staff, utilising therapeutic use of self to assist consumers to have well intentioned, well supported, meaningful lives

- is gaining colour and strength.
References and contact details:

- MHS North Professional and Clinical Supervision Policy SDMS Id Number P15/000174 (Plenty more references on CS in this Policy)
- The Heart of Innovation; [http://www.garyhamel.com/blog/heart-innovation](http://www.garyhamel.com/blog/heart-innovation)
- Andrew Adam, Nursing Director MHS-N
  - andrew.adam@ths.tas.gov.au
  - Ph 6777 4103