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A program of nursing clinical supervision in primary health care  
Strategies to implement

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# FACULTY DISCLOSUR

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Sponsorship/Commercial Support:	None

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Conflicts of Interest:	None
Employer:	Nursing College of Porto (ESEP)
Sponsorship/Commercial Support:	None

# GOALS AND OBJECTIVES

- **Session Goal**

Disseminate and discuss the research undertaken on nursing clinical supervision (CS).

- **Session Objectives**

Discuss the implementation of programs of CS.

Discuss the strategies to integrate in a CS program in the context of primary health care.

# CLINICAL SUPERVISION

CS is a facilitator process of professional development, contributing to the quality of the practice, promoting safety of care and protection of clients in clinical complex situations.



The interest in promoting quality health care in an integrated perspective that takes into account the simultaneous development of organizations, professionals and practices, has led to deeper reflection about CS and its adoption in practice.



We have been developing research within CS programs. From our point of view programs should result from the work and involvement of nurses, to make sense of them.



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# THE STUDY

# STUDY

## **Aim**

- Contribute to the design of a nursing CS program in the context of primary health care by identifying a set of strategies to integrate in it.

## **Methodology**

- Exploratory study, qualitative paradigm.
- Data collection was done using half-structured interviews performed from May to December 2012.

## **Sample**

- 16 nurses from a primary health care center
- 15 female and 1 male.

# STUDY

## Processing and data analysis

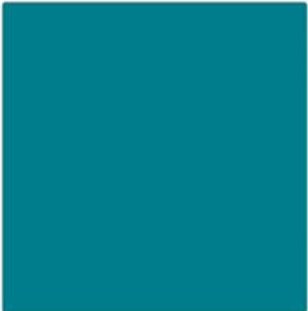
- Interviews were recorded on audio.
- After transcribing the interviews the data were analyzed based on the principles proposed by Strauss and Corbin, using the Nvivo10 program.

## Ethical considerations

- Was obtained the favorable opinion of the Ethics Committee for Health of the Regional Health Authority and Executive Direction of the Cluster of Health Centers.
- The participation was optional and voluntary; all participants signed the consent form.



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# RESULTS



**CS PROGRAM TO IMPLEMENT IN  
PRIMARY HEALTH CENTER**  
The process of CS  
Include strategies for professional  
guidance



# CS Strategies

## Reflection

*The three together, reflection, knowledge and development of critical thinking, I think it was good for quality of care. **I wanted a model that included aspects of helping people to increase knowledge, to reflect on their practices and develop critical thinking.** E3CH*

## Feedback

*In situations that compromise the quality of care, through reflection, questioning, it is important to tell the colleague: "you have to improve this or that aspect", give feedback to colleague. E16CH  
**I think feedback is very important. I do wrong things but if no one tells me I will always think I'm doing right.** E9CH*

## Observation

*Supervision is impossible without observation. The supervisor should observe, monitor and support. E16CH  
**I think so, observation of practices is essential ... to make an analysis of the situation, so we can follow colleagues and give professional advice.** E7CH*

## Continuing education

*Models of CS should include planning strategies for continuing education. E10CH  
**Yes, the CS must provide schedule for continuing education, I think it's very important!** E7CH*

# CS Strategies

## Support and coping strategies

*The nurses think both the problems of others that do not think of themselves. When you have problems go to a psychiatrist, we have no other support. I think it is very important that the model of CS involves emotional support, because if I'm not well, I suffer and the patient suffer. E14CH*

## Demonstration

*We have colleagues who do not have much practice. Sometimes I ask them if they want me to do first so that they see? I try to see if they need help making procedures. To demonstrate some techniques is very important, especially when we have new procedures, new materials. E3CH*

## Sessions of supervision individual group

*I think there should be oversight group sessions, even to be a possibility being discussed important aspects to the group and share, reflect together... other times the issues to discuss with the supervisor are very personal and should be individual moments [individual sessions], supervisor for supervised, more individualized. E16CH*

## Case analysis individual group

*Discuss cases with colleagues, share, listen feedback from colleagues about the case can help improve care and outcomes. E4CH*

# CS Strategies

## Record analyze

***With the implementation of CS, the model should involve the SAPE (electronic system for documentation of nursing care) as a tool for supervision of care. E1CH***

*I think yes, the SAPE can be an important tool for making good management of the development of supervised. E2CH*

## Remote supervision (mobile, email and skype)

*I think yes, the CS could also be made using such strategies, using new technologies.*

***Mainly in extensions of health centers, as they are more distant from headquarters, these strategies of remote supervision should be used. E1CH***

*We already do some supervision by mobile. E9CH*

## Self supervision

***The program CS should also help develop the capacity for self supervision.***

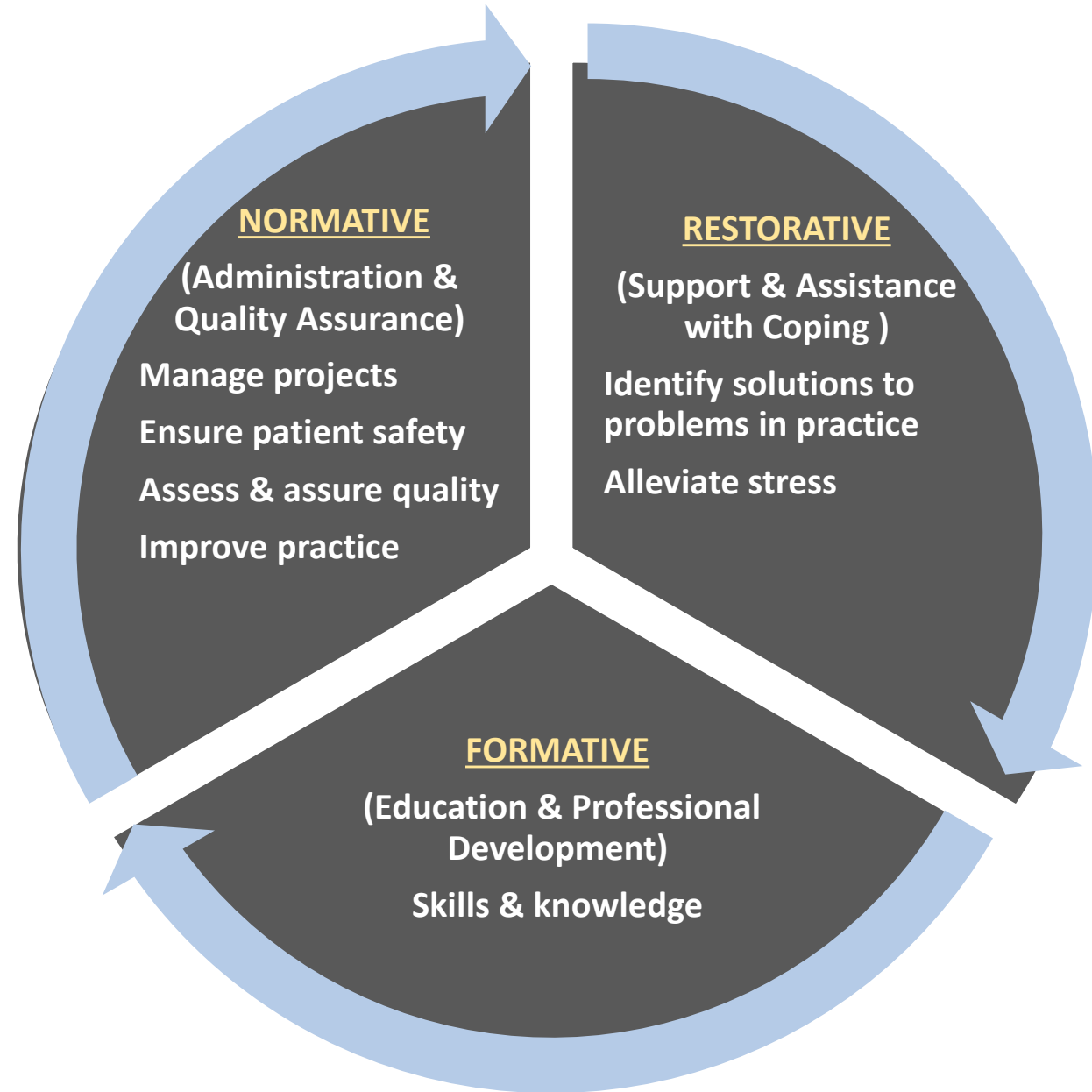
***If we need support we need to get help. To ask for help we need to know where we need help, to be helped. E11CH***

## Reflexive report

***Can be an important strategy. Writing helps promote reflection and self-analysis and this is essential for our development. E3CH***

# CONCLUSIONS

These strategies respond to the three functions of CS according to **three function interactive model** Proctor (1987)



# CONCLUSIONS

The supervision programs to implementing should not be imported from other realities and cultures.

- From the existing models, nurses should reflect and work to build models or programs for their own institutions from the work, reflection and involvement of all stakeholders, to they make sense.

CS is a process that allows exploring innovative strategies to promote excellence in nursing practice:

this research contributes in this direction by identifying a set of strategies that nurses consider to be included in a program of clinical supervision in the context of primary health care.

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