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<p>Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa (OTNZ-WNA)</p> <h2 style="color: #0056b3;">Supervision of Occupational Therapists Position Statement</h2>	 <p><b>OTNZ - WNA</b> Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa</p>
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## Background

Nga kaiwhakaora ngangahau/occupational therapists engage in the process of reflective practice through a range of professional development activities, one of which is formal supervision. All registered nga kaiwhakaora ngangahau/occupational therapists with a current annual practising certificate must be in supervision. Supervision is informed by relevant legal, ethical, and professional standards, including the Treaty of Waitangi, Competencies for Registration (OTBNZ, 2000), Code of Ethics for Occupational Therapists (OTBNZ, 2004) and current and contextual practice considerations.

## Definition of Terms

- **Clinical Supervision** – This supervision reflects on clinical practice. The primary purpose is to enable the occupational therapist to address the **whakaora ngangahau/occupational therapy needs** of the client as effectively as possible. It is considered optimal that this supervision is provided by a registered occupational therapist that has suitable experience and skill. Clinical Supervision addresses clinical and communication issues; facilitates decision making and problem solving; encourages clinical reasoning and evidence based practice, and ensures safe practice.
- **Professional Supervision** – This supervision assists the kaiwhakaora/occupational therapist to increase their understanding of themselves and their relationships with others and/or to develop more satisfying and resourceful ways of delivering Whakaora Ngangahau/occupational therapy and/or bring about a change in professional behaviour. It is advisable that the occupational therapist’s line manager does not carry out professional supervision and that the therapist is able to choose their own supervisor.
- **Peer Supervision** - Peer supervision is a model of supervision whereby nga kaiwhakaora ngangahau/occupational therapists can share experiences, brainstorm and seek constructive feedback with colleagues in a group or one to one basis. Attention is paid to the process as well as content of the session, and both clinical and professional supervision needs can be met by utilising this model.

- **Group Supervision** – Group supervision is a model of supervision whereby a group of nga kaiwhakaora ngangahau/occupational therapists are supervised by one supervisor. This is often considered an advanced form of supervision and is best used when there is a highly skilled supervisor to lead the group.
- **Cultural Supervision** – Cultural supervision aims to strengthen nga kaiwhakaora ngangahau/occupational therapists’ cultural awareness, development and competence, including safe practice and reflection on what is culturally appropriate behaviour (DeSouza, 2007). Consideration of cultural responsiveness should be included in all supervision regardless of whether the supervision is carried out with a cultural consultant and/or another kaiwhakaora ngangahau/occupational therapist and/or other supervisor.
- **Kaupapa Māori Supervision** – This is supervision “...by Māori for Māori with the purpose of enabling the supervisee to achieve safe and accountable practice, cultural development and self-care according to the philosophy, principles and practices derived from a Māori worldview” (Eruera, 2007, p. 144).

## Context for Supervision

Supervision is a relationship whereby essentially there is an:

*“... Interpersonal interaction between two people with the general goal that one person (supervisor), meets with another (supervisee) in an effort to make the latter more effective in helping people.”* (Hawkins & Shohet, 2007, p. 225).

In other words nga kaiwhakaora ngangahau/occupational therapists bring their actual work/practice to a supervisor to review what happened in their practise so that they can learn from that experience and effect better quality service (Carroll & Gilbert, 2005). Supervision best practice is clearly outlined in the literature including the underpinning values and principles for the supervision process, the supervision agreement requirements (also known as the supervision contract), the supervision relationship, the roles and responsibilities of all parties, feedback and evaluation, supervisory types and methods and reported outcomes of supervision (Barak, Travis, Pyun & Xie, 2009; Carroll & Gilbert, 2005; Hawkins & Shohet, 2010; Herkt & Hocking, 2007; 2010; Kilminster & Jolly, 2000; Morrell, 2008; Simmons Carlsson & Mueller, 2011; Te Pou, 2009, 2011; Vonk & Thyer, 1997).

The Ministry of Health (MOH) (2006) defines supervision as:

*“A formal process that provides professional support to enable practitioners to develop their knowledge and competence, be responsible for their own practice, and promote services user’s health, outcomes and safety.”* (MOH, page 22).

The Occupational Therapy Board of New Zealand (OTBNZ) defines supervision as a:

*“Structured intentional relationship within which a practitioner reflects critically on her/his work, and receives feedback and guidance from a supervisor, in order to deliver the best possible service to consumers. Professional supervision may*

*incorporate any aspect of a professional role e.g., clinical, managerial, or cultural, and be one to one, one to group, or take the form of peer review.” (OTBNZ, p. 7).*

However, the Health Practitioners Competence Assurance Act (2003) defines supervision as:

*“... the monitoring of, and reporting on, the performance of a health practitioner by a professional peer” Part 5(1) (HPCAA, 2003).*

A supervisor is a person who:

*“Has sufficient self-awareness, interpersonal competence, and knowledge of processes relevant to the area of practice of the supervisee to facilitate that person's professional development.” (OTBNZ, p. 7).*

## Philosophy

OTNZ-WNA recognises both clinical and professional supervision, and acknowledges that there is an overlap between these functions. OTNZ-WNA considers that supervision enhances professional development, clinical competence and safe practice and it contributes to reduction of risk to both client(s) and practitioner(s). OTNZ-WNA views supervision as a supportive, empowering and constructive process which promotes anti-discriminatory, culturally safe and gender appropriate practice. It is important that the kaiwhakaora ngangahau/occupational therapist (i.e. supervisee) has a choice of supervisor wherever practicable. OTNZ-WNA acknowledges that nga kaiwhakaora ngangahau/occupational therapists will need a range and/or combination of supervision methods, types and models as they progress through their career paths.

OTNZ-WNA **believes and endorses** that:

- Supervision is a relationship-based process, between the supervisor and supervisee. This relationship requires time to establish and is fundamental in ensuring quality supervision.
- Supervision is a confidential process within the limits of a specified supervision agreement (contract). Exceptions to confidentiality resulting in the need for disclosure to an employer or the responsible authority include issues of client, public, or practitioner safety and must be overtly stated in the supervision contract.
- In most whakaora ngangahau/occupational therapy practice areas it is advisable to receive both clinical and professional supervision. An exception would be when the occupational therapist is in a non-clinical context, for example academic and management areas where the focus may be on professional supervision.
- Clinical supervision is recommended to be carried out by a kaiwhakaora ngangahau/occupational therapist.
- Cross-discipline supervision (also referred to as interdisciplinary supervision) may be used for professional supervision.
- Neither clinical nor professional supervision includes personal counselling. If this is required, the occupational therapist should be referred on to an appropriate counselling service.

- Supervision may include the functions of administrative or managerial supervision, however this is ordinarily provided by the line manager.
- nga kaiwhakaora ngangahau/occupational therapists with a condition on their scope of practice (for example new graduates, those returning from a career break) may require the focus of their supervision to be more prescriptive to begin with and initially may include teaching and modelling in supervision.
- Cultural supervision is necessary to ensure all nga kaiwhakaora ngangahau/occupational therapists develop cultural fluency and cultural responsiveness whether related to bicultural and/or multi-cultural competence.
- Māori practitioners (i.e. nga kaiwhakaora ngangahau/occupational therapists who identify as Māori) have the right to access to kaupapa Māori supervision that includes karakia, whanaungatanga, korero, tautoko and reflection.

OTNZ-WNA recognises the **overarching purpose of supervision** includes: *accountability, practice oversight, professional development, and self-care*:

- To enable nga kaiwhakaora ngangahau/occupational therapists to be accountable for their own practice and professional development.
- To facilitate nga kaiwhakaora ngangahau/occupational therapists' reflective practice and professional development in a safe and supportive environment.
- To allow nga kaiwhakaora ngangahau/occupational therapists' thoughts and actions to develop in a way which lead to an enhanced quality of therapy, clinical reasoning and evidence-based practice.
- To reduce clinical and professional risk.
- To ensure the self-care of nga kaiwhakaora ngangahau/occupational therapists in relation to their work and practice.

OTNZ-WNA recognises the **key tasks of supervision** (Hawkins & Shohet, 2007) to include:

- *Facilitative processes* - for example facilitating the occupational therapists skills and knowledge application, professional conduct, ethics and identity, personal and cultural awareness, and developing self-sustaining practices; and
- *Evaluative processes* - for example watching over the occupational therapist's progress and professional wellbeing, looking over client care, evaluating and providing feedback on competence, and sometimes reporting on the occupational therapist's competence.

OTNZ-WNA recognises **supervision has three main functions** (Proctor, 1988) including:

- *Formative* (Learning & Development) – to develop the occupational therapist's skills, understanding and abilities through reflection;
- *Restorative* (Resourcing & Sustaining) – to enable and support the occupational therapist to understand and deal with reactions to clients' stories and situations and to acknowledge emotional effects of their work; and
- *Normative* (Quality & Development; Service Provision) – to aid agency familiarisation and socialisation, competence, accountability and development.

OTNZ-WNA recognises that all **formal supervision relationships should be negotiated and contracted** through a formal agreement between supervisor and supervisee. Supervision agreements should include details regarding:

- The rights and responsibilities of both the supervisee and the supervisor;
- Specifics with regard to frequency, process, documentation (including the extent of documentation, where it is stored and ownership of the documentation), evaluation, confidentiality, location, goals, learning styles, feedback and review;
- Identification of potential safety, power and/or ethical issues; and due consideration must be given to all factors related to risk, confidentiality and professional practice.

OTNZ-WNA believes the following about the **supervisor role and responsibilities**.

- Supervisors should have a relevant professional qualification, hold a current annual practising certificate (where applicable) and themselves be receiving appropriate supervision, including supervision-of-supervision.
- The supervisor may be an occupational therapist and/or a person from another discipline (cross-discipline supervision) such as social work, psychology, physiotherapy, and nursing.
- All supervisors, including those facilitating a model of peer/group supervision, require specific training in conducting supervision.
- Supervisors should have an understanding of the different types and methods of supervision, be able to apply a supervision model and be clear in the boundaries regarding the method of supervision they are providing; and
- Line manager supervision is discouraged due to the risk of the dual relationship to the integrity of the supervisory relationship and supervision process.

### Frequency for Supervision

OTNZ-WNA acknowledges that nga kaiwhakaora ngangahau/occupational therapists with a condition on scope of practice must meet the mandatory supervision frequency requirements as set by the OTBNZ. For all other nga kaiwhakaora ngangahau/occupational therapists, OTNZ-WNA recommends the frequency of supervision to be at least monthly with a supervisor who is trained in supervision. The frequency of supervision should be negotiated on the basis of need. This frequency may be less for nga kaiwhakaora ngangahau/occupational therapists in part-time employment, for instance bi-monthly.

*Position statements are statements on political, ethical, social, cultural and practice issues that influence client well-being, the role and practice of whakaora ngangahau/occupational therapy or that affect the Whakaora Ngangahau Aotearoa/New Zealand Association of Occupational Therapists (Inc). Position statements are developed in consultation with nga kaiwhakaora ngangahau/occupational therapists working in New Zealand, and reflect their current thinking. They are frequently time limited and persons wishing to use them more than two years after publication should confirm their current status with the executive director of OTNZ-WNA.*

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