

Partners In Recovery

POLICY AND
STANDARDS

Applicable Arizona Department of Health Services Behavioral Health Licensing Rule(s):

R9-20-205A. Clinical Supervision

Policy Name: Supervision of Nursing Staff

Policy Number: HR - 0005

H.M. Gilbert Jr., Executive Director, PIR

Date

Cross Reference(s)

None

Policy Statement

Partners In Recovery promotes the clinical supervision of the organization's nursing staff in order to improve the delivery of services to consumers. This policy applies to nurses licensed by the Arizona State Board of Nursing with at least one year of experience.

Purpose

Partners In Recovery understands that it is commonplace and necessary in psychiatric practice for nurses to receive clinical supervision and recognizes the need to provide adequate support in order for the clinical supervision to be effective. Supervision is structured so as to provide a supportive environment in which clinical practices and treatment can be discussed and reviewed.

Scope

Partners In Recovery Direct Care Clinics.

Key Terms

Should the reader need to inquire as to the definition of a term used in this policy, the Partners In Recovery Key Term Glossary can be found in the back of the Policy and Procedure Manual.

Standards

- I. Supervision Objectives Include but are not Limited to the Following:
 - A. PCP coordination;
 - B. Nursing health assessment;
 - C. Health education;
 - D. Medication teaching;
 - E. Development and utilization of the ISP;
 - F. Documentation that supports recovery goals;
 - G. Incident Review; and
 - H. Medication management.
- II. Direct Care Clinic Supervisory Structure and Process
 - A. Partners In Recovery's nursing staff is organized into a leadership structure. Partners In Recovery identify a Lead Nurse at each of the clinic sites.
 1. The Lead Nurse provides one hour of clinical supervision to each nurse on a monthly basis.
 2. The Lead Nurse holds monthly meetings with the Nurses to provide supervision and training.

3. The Lead Nurse will ensure that all nurses receive additional group clinical training on a quarterly basis.
- B. The Nurses and Lead Nurses select cases for supervision that best reflect complex cases requiring in-depth nursing intervention.
 1. Nursing staff use the *Discussion with Lead Nurse*, and the *Supervision Log, Part One* forms to document the completion of the clinical supervision.
 2. The Lead Nurses store all clinical supervision documents within each nurse's personnel file which is maintained at the clinic. These clinical supervision documents will be used when completing an annual appraisal and will be maintained in a locked cabinet for 3 years.
- C. The clinical supervision discussions between the Lead Nurse and the clinic nurse remain confidential throughout the process.
- D. In the event that clinical practices are determined to be unsafe or not in the best interest of the consumer, specific guidelines will be utilized.
 1. If indicated, when nursing practice is not in the best interest of the individual as determined by the Lead Nurse, the discussion with the nurse may result in the expectation of change(s) in nursing practice.
 2. If there has been no modification in nursing practice, the procedures for a "Performance Improvement Plan" will be implemented.

Associated Partners In Recovery Direct Care Clinic Forms & Attachments

Discussion with the Team Nurse

Clinical Supervision Log – Part One

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