

SUPERVISION OF A HOME CARE TEAM IN PALLIATIVE CARE. FROM THE DEMAND FOR SUPERVISION TO ITS COMPLETION

LA SUPERVISIÓN DE UN EQUIPO DE ATENCIÓN DOMICILIARIA EN CUIDADOS PALIATIVOS (PADES). DE LA DEMANDA DE LA SUPERVISIÓN A SU FINALIZACIÓN

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This article was published in Spanish. This is the English version. (Extended Summary)

Link to the Spanish version: <https://doi.org/10.33898/rdp.v31i117.371>

How to reference this article:

Tejado, A. (2020). La Supervisión de un Equipo de Atención Domiciliaria en Cuidados Paliativos (PADES). De la demanda de la supervisión a su finalización. [Supervision of a Home Care Team in Palliative Care. From the demand for supervision to its completion]. *Revista de Psicoterapia*, 31(117), 265-281. <https://doi.org/10.33898/rdp.v31i117.371>

Extended Summary

Thinking on the supervision of a palliative care team is the core of this work. We first consider what is a palliative care team and what are its functions? Second, we ask what is supervision?

The palliative care team is made up of healthcare staff: doctors, nurses, health aides, social worker, and psychologists. The purpose of palliative care team is to provide medical and psychosocial care to patients who are presumed that they are no longer going to be cured of their disease and that, consequently, they no longer need “treatment” to be cured, but rather “palliative” care of their terminal illness situation.

Received: April 6, 2020. Accepted: July 28, 2020.

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Supervision

Why the supervision? The exposure of the palliative care team to suffering and the dying process can lead to emotional exhaustion that causes symptoms of burn out or compassion fatigue that lowers the quality of care for users.

In supervision, as in any other interaction between people, emotions, feelings and thoughts will be able to arise, which can alter the emotional state, in one sense or another, of both the supervised and the supervisor. The task of supervision will have the challenge, for everyone, of trying to observe what is done, what is felt, what is thought. Particularly, this role is expected of the supervisor so that he can return it to the team and help to understand what is happening in the present moment, in its task, in its organization and in its relationships. The supervisor is responsible for developing a function of self-awareness of what is happening in supervision, but it is expected that this function can also be developed in the rest of the participants, the members of the palliative care team.

The request

The request for supervision can be carried from the awareness of the need for support from the team itself, more from some members than others, a team that can be faced with very painful life situations. Repeated exposure to emotionally painful and stressful situations can help raise awareness of a certain need for help, although the need may differ from one team member to another.

How does the demand for supervision originate in the concrete? Who comes up with that possibility? To the director? To the members? Which members: predominantly nursing, social work, doctor, psychologist? Is supervision experienced as an imposition of authority? Is supervision the result of a negotiation in which concessions have to be made to satisfy - and discontent - some and others? Therefore, the specific demand, at the time of making it, is it the result of a sufficiently matured decision and chosen by the team with a sufficient degree of freedom, or can it be the result of a tradition of the team in which it is registered the obligation to do it because it is what is expected to be done, because it is what has been done?

Response to the demand for supervision

The supervisor can answer from the full freedom that gives him his condition of external independent professional; or, the response may be mediated by the condition of member of any institution to which the supervisor is affiliated. The enthusiasm that the supervisor feels regarding the desire to help a team of professionals who go through human pain and suffering, as well as his expertise, his conviction that he can contribute to the team, or not, will lay the foundations for the working alliance necessary for the supervisory task.

Conducting supervision

The supervision carried out on a team can be understood as an explicit supervision of the team or as a supervision of the healthcare task carried out by the team with the users it serves; in the first case, it will have to focus on the relationships of its members as well as the organization of the task and the institutional context; in the second, focusing primarily on the relationships with the users and, secondarily, on the organization of the care task.

Supervision is about facilitating the creation of a space of confidence between team members and with the supervisor is favored, in order to prioritize the desire to learn to serve users, directly or indirectly, with the expectation of improving the assistance conditions of the terminal user or his family; every member of the palliative care team, like any other team, needs to feel safe and respected.

How is supervision organized? It is necessary to specify the parameters of its realization, the framework that makes it possible: its objectives, what is expected from the team, putting the accent between the two extremes that we mentioned above, is it going to affect, mainly, the supervision of the assistance task with the users? Or, in the other hand, is the supervision space expected to review the conditions of the team's work, the emotional climate, the organization, the distribution of roles, the demands made on the team, the internal dynamics of the team, of the relationship with the external entities, of the internal and external coordination of the team itself, of the relationship with the team's authority and with the external authorities?

It is necessary to agree on the time of the supervision session, which usually ranges between 90 and 120 minutes, and the place of its realization, usually the palliative care team's premises address. It has to be clarified the organization of the time of the supervision session and the members of the experience have to be clear about what they have to do.

The role of the supervisor is to contribute to the comprehensive analysis of the situation that is being exposed in the session, attending to the determinants that condition it, as well as the way of managing it, how is the demand heard? How is it processed by part of the team in its meeting space? How is the intervention decided? How is it intervened? How is that intervention processed? What feelings does it generate in the team? Does it promote bonding or distancing? etc.

It is about promoting self-observation, or the way in which it intervenes with the cases attended, patients or relatives or external professionals involved, or on those conditions that are intervening in the emotional or organizational situation that is leading the team to feel in a concrete way the reality that is being considered in the supervision, that is, the tension in external coordination, the tension with a specific professional, the tension with the demand of the institution itself that has operational expectations or the fulfillment of objectives or the complaint regarding the operation of the team itself, its internal coordination, the way to respond to certain demands, its adequacy or not, or criticism of its leadership role. In any case,

in supervision, the team has to be helped to get in touch with what are the limits of the palliative care team's task, what is done and what can be done, knowing where they are at any times.

When supervision works, or some supervision sessions more than others, the benefits of it fall on the person or persons who supervise in the specific session, both because they have the feeling of well-being and comfort, and because the impression is appreciated. Self-knowledge, broadening initial perspectives, increasing task tools, improving interactions with team members, in short, professional and personal development.

Obviously, these benefits in the person of the professional result in an improvement in the emotional climate of the team, in its internal cohesion as well as in a more compassionate and, therefore, higher quality assistance to users. Supervision that works to stimulate the team to analyze its practices, thinking on how it works and to evaluate what results it obtains.

Supervision limits

What limits does the supervision of a healthcare team have? The feeling that the expected help is not being received may be the clearest limit to supervision, in which case, it cannot have continuity, whether it is made explicit verbally and clearly enough or if it is done ambiguously or reasons are argued that have nothing to do with how the team feels.

It may also happen that the supervisor is who feels that he cannot contribute more to the team, in his current moment, that he cannot contribute more help, or by himself, by his indisposition, or by the indisposition of the team towards him, or towards supervision, or by a mixture of both conditions. The supervisor must weigh whether the team can change, what limits this change has.

The end of supervision

Putting an end to supervision is not always a pleasant experience, rather it may be unpleasant or for some or for others. Obviously, when putting the limit on supervision has more to do with the feeling of not being able to continue it because it has become too small, supervision does not contribute what it would be expected to contribute, expectations are not met or part of the team or the supervisor, it may happen that this feeling of limit is inscribed in the register of frustration, depending on the intensity of the expectations that have been deposited in it. At best, the expectations for help from the experience members, including the supervisor, will have been met.

Conclusions

The beginning of the supervision will have aroused expectations that will necessarily be related to the experience of the team and to the projections on supervision that the same team has placed; in some cases, these projections will have

to do with previous histories of previous supervisions, in others, not. The same, on the side of the supervisor, who will go to the supervision, necessarily with projected expectations on that supervisory space that will also be in relation to their professional and personal life history. With these expectations, the supervision that awakens new sensations each session that are processed by the minds of the members of the experience, team and supervisor, is started. If the supervision lasts long enough, the conviction of usefulness is organized in the minds of the participants and a sense of learning is stimulating.

At the same time as this comfortable zone of experience is established, negative sensations of frustration, of limitation, of uselessness, of repetition, of inertia, of complaint are built. The end of the supervision will require a process of elaboration. The completed supervision will be experienced based on how it was experienced while it was being developed. Some will be left with a feeling of gratitude and others with a certain resentment. For some they will have freed themselves from an obligation, that of having to give an account of their own task, for others, a possibility of accompaniment, security, well-being will have ended. Acceptance of the conditions under which both supervision and its end has taken place will favor the inevitable grieving process - consciously meaning or not - being carried out in optimal conditions.